



TOWN OF VERNON

ACCIDENT/INCIDENT WITNESS FORM

Injured Person's Name:		Date of Incident:
Witness Name:		Phone:
Home Address:		
City:	State:	Zip Code:
Job Title and Location (if Employee):		
Describe fully how the accident/incident occurred including events leading up to the accident (what you saw or heard):		
Witness Signature:		Date:

Please fax to Town Administration at 860-870-3580 or email to: dwoodruff@vernon-ct.gov.