## Witness Statement Form

(Please supply the witness with a layout plan of the venue including the area where the incident occurred, which is large enough for them to mark clearly where the incident occurred.)

Name:	
Date of birth:	
Address:	
Email:	
Contact number:	
Best time to contact you:	
Do you have any connection to the injured party: eg Friend? Parent? Did you organise the booking?	
Was the injured person part of a group booking? If yes do you know who made the booking?	
Are you a staff member? Yes/ No	

Questions	<b>Responses</b> (please circle correct answers below)
<b>Did you see the accident occur?</b> This means with your own eyes, not just told about it afterwards.	Yes No (Please do not continue with the form except to add at the end the name and contact details of any direct witnesses)
Please mark with an X on the attached plan of the venue, where you believe the accident occurred.	I have put an X on the plan: Yes/No

What did you see happen?	
Explain here what the injured person was doing when they had their accident. Eg Did they jump, fall, lose their balance?	
Explain how they got injured as a result of what they were doing. Eg Landed awkwardly, struck by an object?	

What equipment / game was the injured person using at the time of the incident?	

Was it in a particular game zone /area? What was that called?	

Was the injured person performing a manoeuvre at the time of the incident?	
E.g. Forward roll, jumping, moving between equipment	

How would you describe the speed of that
manoeuvre
Eg: fast, medium, slow, sudden, unexpected, expected?

Did the manoeuvre appear to go wrong? If yes, How? When? Why?	

Were any other people next to them at the time of the incident?	No
If yes:	Yes- details added to back page.
Who? (add name and contact details),	Description:

What were they doing?	

Did the actions of another personYes/ Nocontribute to the accident occurring?Yes/ No	
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If Yes, what did the other person do that	
caused or contributed to the incident?	
E.g. they suddenly jumped next to the injured party without warning, they failed to clear the area after a jump.	

Did the injured person go to hospital?	
When?	Yes/ No

Do you have any updated information on	
the injured person's injuries, treatment or	
recovery?	

Contact details of other witnesses	
Please provide where possible; name, e-mail and telephone number and any connection to the injured party.	

## STATEMENT OF TRUTH

I confirm that the facts stated in this document are true. I understand that proceedings for contempt of court may be brought against anyone who makes or causes to be made a false statement in a document verified by a statement of truth without an honest belief in its truth.

Witness Signature:.....

Print name in full:

Date .....