

## CONNECTICUT MILITARY DEPARTMENT



### SERIOUS INCIDENT REPORT WITNESS STATEMENT

**PURPOSE:** To document observations and statements by witnesses in support of CTMD Form 1-6 (Serious Incident Report).

**AUTHORITY:** Connecticut General Statutes Section 27-6a, 27-7, 27-17, 27-18, 27-61, 27-67, 31-284a & 31-309.

**INSTRUCTIONS:** Witness statements should be taken as soon after an incident as possible. First priority for commanders is to ensure individuals are safe and medically treated (if necessary). Secondly is to ensure the incident is properly documented in order to ensure affected individuals receive proper follow-up support and to review the circumstances around the incident to take remedial action to ensure it does not happen again.

- **WITNESS INFORMATION:** Witnesses to a serious incident are not limited to active members reported on CTMD Form 1-1. Any individual who is a witness to an incident should be encouraged to make a statement.
- **INCIDENT INFORMATION:** The date, time, location and name of the individual must be consistent with the information provided on CTMD Form 1-6.
- **STATEMENT:** The witness will provide a narrative statement of what they saw to the best of their knowledge as they saw events transpire.
- **INFORMATION REPORTING PROCEDURES:** At a minimum, the Assistant Adjutant General and the Military Administrative & Programs Officer need to be informed in addition to the CTMD Personnel office and the Third Party Administrator Intake Center.

#### SEND THIS FORM & SUPPORTING DOCUMENTATION TO:

Connecticut Military Department  
Human Resources Manager  
360 Broad Street Room #141  
Hartford, Connecticut, 06105-3706  
(860) 548-3218 (fax)

**CONNECTICUT MILITARY DEPARTMENT  
SERIOUS INCIDENT REPORT  
WITNESS STATEMENT**



WITNESS INFORMATION			
Last Name, First Name, MI:		Rank:	Unit:
Street, City, State & Zip Code:			
INCIDENT INFORMATION			
Date:	Time:	Location:	
Name of individual(s) involved:			
STATEMENT <i>(narrative description of incident)</i>			
ACKNOWLEDGMENT			
I attest that the information provided on this statement is true and correct to the best of my knowledge.			
_____ Signature of Witness		_____ Date	
CERTIFICATION			
I certify that the individual making this statement was present at the incident and is of sound mind and good judgement.			
_____ Signature of Officer		_____ Date	