

Incident/Witness Statement Form

Witness's Name: _____ Date of Incident: _____

Your Name: _____

Address _____ City _____ State _____

Telephone Number _____ Work Number _____ Other Contact Info _____

Were you personally involved in the incident? : YES or NO [If YES please describe the event in detail]

Did you personally witness the account? : YES or NO or Other [If other please identify below]

STATEMENT

The information I have provided in this report is true and correct to the best of my knowledge. The information reported contains everything I can recall. Any information I failed/refused/dismissed as pertinent could ultimately not be useful to the board. A board member is free to approach me at any time to discuss this information or any other pertinent information pertaining to this incident. By signing this document, I am attesting that I have provided the board with every piece of information regarding the event.

_____ Date _____ Witness Signature

Use additional sheets as needed. Sign/Date: _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: S.D.J.A.A.F TITLE 1, SECTION 1000, provides. “Whoever, in any matter within the jurisdiction of any JAAF league knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be permanently barred from participating in any organization, event or function in a SDJAAF jurisdiction or suspended not more than one (1) year, or game(s) suspension or required to conduct a public apology to the league and participants affected by the incident or a combination thereof”.

I, _____ **THE APPLICANT(S) CERTIFY ALL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** I understand the statement above concerning the penalty of making a fraudulent statement. I certify that I am the owner of the statement described in this form and agree to not perjure myself to identify with another emotional state. If SDG or SCJAAF determines the incident cannot be resolved effectively or rehabilitated, I acknowledge that with respect to the parties involved I shall have no further interest, right, claims or recourse to the event. If this statement is approved and rehabilitation can be achieved, I will identify a reasonable resolution to the issue and notify the active members of the board. I grant access to my written property and will provide all information deemed pertinent or other to the investigating member. I understand that temporary relocation may be required when parties are involved due to safety. I reserve the right to waive relocation, if everyone who resides in location is pertinent to the successful operation of the organization. I agree that I will comply with all requirements outlined in the document. I agree I will not discriminate upon the basis of race, color, creed, or national origin in the information provided herein assisted with SCJAAF San Diego Generals. I authorize the Board and the investigating member to make inquiries as necessary to verify the accuracy of the statements made, including, but not limited to threats made.