WITNESS REPORT

NAME:_____

DATE OF INCIDENT:_____

RELATIONSHIP: ☐ **Employee** ☐ **Citizen** ☐ **Other**

WITNESS In Your Own Words, How Did the Accident Occur, When Did the Accident Occur and Who Was Involved?

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SIGNATURE:_____
DATE:___/_____/**20**____

DEPARTMENT HEAD/SUPERVISOR:_____
DATE:___/_____/**20**_____