



Nature of Incident (Cont.)

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Witness Comments:

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What Injuries Resulted from Incident?

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What Medical Care, If Any, Was Rendered?

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Police Called: Y / N    Date: \_\_\_ / \_\_\_ / \_\_\_    Time: \_\_\_ AM / PM    Report #: \_\_\_\_\_

Signature: \_\_\_\_\_                      Witness Signature: \_\_\_\_\_

Received by: \_\_\_\_\_                      Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_                      Date: \_\_\_\_\_