



**MARY IMMACULATE COLLEGE
WITNESS REPORT FORM**

SECTION A – General Information		ID. No : <input type="text"/>
Date of occurrence :-	Time :-	
Exact Location of Occurrence :-		
Reported by :-	Person(s) involved :-	
Witnessed by :-		Witness contact no :
Was it :-	Accident <input type="checkbox"/>	Incident <input type="checkbox"/>

SECTION B Details of Accident / Incident from Witness
Witness Description of Accident / Incident :- (be specific)
The Accident / Incident resulted in :-
Description of Personal Injury :
Other Persons injured : n/a

Signature of witness:



Department: