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| PSSFRM18-2 WITNESS STATEMENT FORM | | | | | | | |
| This statement should be restricted to facts from what was witnesses only and not include assumptions. | | | | | | | |
| WITNESS DETAILS | | | | | | | |
| **Witness Name** |  | | | | | | |
| **Cast/Crew** | |  | **Vendor** | |  | **Other** |  |
| **Job Title** | | | | **Department (or vendor company)** | | | |
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| **Telephone No.** |  | | | | | | |

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| INCIDENT DETAILS | | | | | | |
| **Date of Incident** |  |  |  | **Time of Incident** |  |  |
| **Weather Conditions** |  | | | | | |
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