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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)** |
|  |  |
| **Telephone No.** |  |

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| INCIDENT DETAILS |
| **Date of Incident** |  |  |  | **Time of Incident** |  |  |
| **Weather Conditions** |  |
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| **Print Name** |  | **Date** |  |
| **Signature** |  | **Time** |  |

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