



MARY IMMACULATE COLLEGE WITNESS REPORT FORM

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

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: