



**MARY IMMACULATE COLLEGE  
WITNESS REPORT FORM**

| <b>SECTION A – General Information</b> |          | 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"/> |

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

Signature of witness:

Department: