

## Statement of Involved Party



Describe fully how the incident occurred. (If vehicular accident – include direction of travel, description of other vehicle(s) involved, injuries, visual, proper/vehicle damages.)

Date of incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Shift Start Time: \_\_\_\_\_

Involved Party's Statement: \_\_\_\_\_

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

