



WITNESS STATEMENT FORM

The accused may have a legal right to a copy of this report

The personal information on this form will be collected, used, and disclosed for the purposes outlined in Sections 33 to 43 of the *Freedom of Information and Protection of Privacy (FOIP) Act* and other legal requirements where they are consistent with the FOIP Act.

I consent to the release of this statement to the insurance companies involved in this incident.

Yes No

Signature	Date	Time	Page	of
Taken by:		Date	Time	
Reg.	Name	Signature		