## The Unitarian Society of Ridgewood

## ACCIDENT WITNESS STATEMENT

This form is to be completed, separately, for each witness to an accident on USR's premises. This form is for the USR's use only, and is not to be given to the person involved in the incident.

Date of Incident:	<u> </u>
Victim's Name:	Prepared by:
demonstrate that the USR may be responsible	
Preparer's signature:	

ONCE COMPLETED, PLEASE LEAVE WITH A USR STAFF MEMBER. IF A USR STAFF MEMBER IS NOT AVAILABLE, LEAVE IN THE WALL HOLDER IN THE KITCHEN AND LEAVE A MESSAGE AT 201-444-6225