MAGNUS INSTITUTE

Witness Statement

Witness Name: _____ Statement Date: _____

Incident Location: _____ Incident Date: _____

Other Witnesses: _____

Statement

(Use additional pages provided if needed.)

FOR INSTITUTE USE ONLY

Statement Number: _____
Date Recorded: _____
Related Files: _____

Investigator Notes

Investigator Name: _____
Investigation Date: _____
Corroborations: _____

Witnesses Contacted: _____

Incident Updates: _____

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