ADDITIONAL COMMENTS

INJURED'S NAME:_____ PAGE _____ OF _____

INCIDENT #_____ DATE OF INCIDENT: _____ TIME: _____

YOUR NAME:_____ SS#_____

ADDITIONAL COMMENTS: _____

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I HAVE CAREFULLY READ THE ABOVE STATEMENT AND IT IS TRUE AND ACCURATE.
SIGNED THIS _____ DAY OF _____, 20_____.

YOUR SIGNATURE: _____