TOWN OF COCHRANE
101 RancheHouse Rd.
Cochrane, AB T4C 2K8
P: 403-851-2500 F: 403-932-6032
www.cochrane.ca

WITNESS STATEMENT

This report is confidential and is for the use of Legislative Services to secure advice concerning anticipated litigation against the Town of Cochrane and/or its employees following an incident.

The personal information on this form is being collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Your personal information may be used by the Town of Cochrane for the purpose the information was collected or compiled or for a use consistent with that purpose. Your personal information will be managed in accordance with FOIP. If you have any questions about the collection, use, or disclosure of your personal information, please see this link: www.cochrane.ca/government/freedom-information

STATEMENT OF		
Last Name, First Name	Phone No.	
Address	Province	Postal Code
My exact position when the incident occurred		
Statement (include date, time, location, horn or siren heard, vehicle speeds, vehicle movements, point of impact, flashing red lights, road & weather conditions, visibility, statements made to you, action taken, etc.) *Attach separate sheet if required*		

☐ Please confirm if we are able to share your statement with other parties.

Signature _____ Date _____

Submit this form and any supporting documentation (pictures, etc.) to:

Legislative@cochrane.ca or 101 Ranchehouse Road, Cochrane, AB T4C 2K8, ATTENTION: Risk Management Advisor