



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 collected through the Witness Statement will be used to process your application. The information relates directly to and is necessary for the operation of the program or activity applied for and will be input into an automated system to generate content or make decisions, recommendations, or predictions. This information is collected and used under the authority of Section 4(c) of the Protection of Privacy Act and managed in accordance with the Act. For questions about the collection of personal information, please contact ATI@cochrane.ca.

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.)		
<i>Attach separate sheet if required</i>		

☐ Please check box if we are able to share your statement with other parties, such as insurance adjusters.

Signature

Date

Submit this form and any supporting documentation (pictures, etc.) to:
claims@cochrane.ca or 101 Ranchehouse Road, Cochrane, AB T4C 2K8, ATTENTION: Legislative Administrator – Risk