



Mail Immediately To:

US Restaurants, Inc.
Loss Prevention Department
1780 Swede Road
Blue Bell, Pennsylvania 19422

**WITNESS
STATEMENT**

Company _____ Store# _____

Incident Re: _____ Incident Date _____

Witness Name _____ Phone# () _____

Employee Customer Related/Friend of Injured: Yes No

Witness Address _____

OBSERVATION _____

CAUSE Was the incident a result of an unsafe/unsecured act or condition: Yes No

Explain in detail what caused the incident: _____

Witness Signature

Date

Manager Signature

Date