

**The Life Saving
Benevolent Association
of New York**



50 Broadway, 26th Floor
New York, New York 10004
(212) 349-9090

Witness Report

PLEASE TYPE OR PRINT CLEARLY

Name of Rescuer	Date of Rescue
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Full Name of Witness (*Last, First, Middle Initial*)

Witness (*Street*)
Address

(*City*) (State) (Zip Code)

Witness Occupation	Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Did you actually witness the rescue? Yes No *Comments?*

Did you in any way assist in making the rescue? Yes No *Comments?*

Did anyone else assist in making the rescue? Yes No *Comments?*

In your opinion, was the water more than 6 feet deep? Yes No *Comments?*

Describe in detail what you observed concerning this rescue:

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Name of Rescuer

Name of Witness

Attach extra pages if necessary.

Signature of Witness

Date