

ACCIDENT/INCIDENT REPORT FORM FOR FRIENDS AND PLACES/BREAK WITH
MATES

Date of incident: 19/7/15 Time: 11-00 AM/PM

Name of injured person: PAIGE DICE

Address: 72 hogarth drive Shoeburyness

Phone Number(s): 070 0753564492

Date of birth: 10.1.95 Male Female

Who was injured person?(circle one) Client Employee

Type of injury: PUNCHED TO ARM - HOT COFFEE BURN

Details of incident: DANIELLE LEWIS PUNCHED HAND TO ARM AND THEN THREW A CUP OF HOT COFFEE AT ME. COVERING MY LEFT ARM, BACK AND LEFT LEG. Fortunately THIS DID NOT CAUSE ANY MAJOR BURNS.

Injury requires GP/medical on site attention/hospital visit? Yes No

Name of doctor/hospital: N/A

Address: _____

Doctor/hospital phone number: _____

Summary outcomes of the incidents THE POLICE WERE CALLED (INCIDENT 455) DANIELLE WAS SENTENCED AND TAKEN TO THEIR CHARGES. PAIGE WAS WITH SIMONS AND STAYED WITH FAMILY.

Signature of injured party [Signature] Date 20.7.15

*No medical attention was desired and/or required.

Signature of injured party [Signature] Date 20.7.15

INCIDENT

455

July 19th 2015

(101)

I walked in the house didnt let me
in the front door, then walked past me
Punch my arm slammed the door in
my face. Made a cup of coffee she just
walked in through the back door and said
do you want some of this' and through the
coffee all ~~etc~~ down me, told me to "fuck
off", "get out of my house" and hit me again.

PD

To Parge.

I'm very sorry for throwing the coffee, and I will not do it again. Please can we still be friends.

love from Danielle - xxxxx

I saw Danville putting coffee
over page and saw Danville so secure
at page and then stream the door
hard.

Robert Witt