1. **DATOS GENERALES DEL TRABAJADOR ACCIDENTADO**

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| **NOMBRE** |  | **CELULAR** |  |
| **CEDULA** |  | **ESTACIÓN** |  |
| **CARGO** |  | **FECHA** |  |

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| 1. **VERSIÓN DE LOS HECHOS DEL ENTREVISTADO** |
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FIRMA DEL ACCIDENTADO: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **VERSION DEL TESTIGO**

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| NOMBRE |  | CELULAR |  |
| CEDULA |  | ESTACIÓN |  |
| CARGO |  | FECHA |  |

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FIRMA DEL TESTIGO: