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| **TESTIMONIO DEL INCIDENTE O ACCIDENTE DE TRABAJO POR EL TRABAJADOR** | | | | | | | | Fecha del incidente o accidente | | | | | | | Fecha de testimonio | | | | | | | | | |
| DD | MM | | AAA | | | | DD | | | MM | | | AAA | | | |
| Tipo de documento | CC |  | TI |  | CE |  | | | | No. | |  |  |  | |  |  | |  |  | |  |  |  |
| NOMBRES Y APELLIDOS: | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Qué, como, cuando y donde sucedió? | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Por qué sucedió? | | | | | | | | | | | | | | | | | | | | | | | | |
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| ¿Cómo se hubiera podido evitar o prevenir? | | | | | | | | | | | | | | | | | | | | | | | | |
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| Considero importante aclarar o adicionar lo siguiente: | | | | | | | | | | | | | | | | | | | | | | | | |
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| **TESTIMONIO DEL INCIDENTE O ACCIDENTE DE TRABAJO POR LOS TESTIGOS** | | | | | | | | Fecha del incidente o accidente | | | | | | | Fecha de testimonio | | | | | | | | | |
| DD | MM | | AAA | | | | DD | | | MM | | | AAA | | | |
| Tipo de documento | CC |  | TI |  | CE |  |  | | | No. | |  |  |  | |  |  | |  |  | |  |  |  |
| NOMBRES Y APELLIDOS | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Qué, como, cuando y donde sucedió? | | | | | | | | | | | | | | | | | | | | | | | | |
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| Considero importante aclarar o adicionar lo siguiente: | | | | | | | | | | | | | | | | | | | | | | | | |
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