

Incident Verification Information

Phan Tee Eain, Myanmar

Note: This Verification box formed part of a larger election day incident report form that accompanied the checklist:

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| <p>Source of Information <i>[Circle the option that applies. If you have more than one source, circle more than one option]</i></p> | <ol style="list-style-type: none">1. I witnessed the violence/ incident/ irregularity2. Eyewitness. Name: _____ Title: _____ Organization: _____ Name: _____ Title: _____ Organization: _____ Name: _____ Title: _____ Organization: _____3. Radio. Station name: _____ Program: _____ Date: __/__/__4. Newspaper name: _____ Date: __/__/__5. TV Station name: _____ Program: _____ Date: __/__/__6. State/ government actor [specify] Name: _____ Title: _____ Organization: _____7. Police/ security report8. Other observer Name: _____ Title: _____ Organization: _____9. Other [specify] _____ _____ |
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