Bowdoin College
Accident/Incident Investigation Form – Witness Statement

WITNESS STATEMENT OF ACCIDENT

Witness #1

Name of employee involved in accident:

Please describe your observation of the accident:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any suggestions to help prevent future accidents such as this?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witness Signature:__________________________________________ Date:__________

Witness #2

Please describe your observation of the accident:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any suggestions to help prevent future accidents such as this?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witness Signature:__________________________________________ Date:__________