

Bowdoin College Accident/Incident Investigation Form – Witness Statement

WITNESS STATEMENT OF ACCIDENT

Witness #1

Name of employee involved in accident:
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Please describe your observation of the accident:

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

Witness Signature:	Date:
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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:
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