

TDI-BROOKS WITNESS FORM

(Type or Print legibly)

Your Name	Job Title/Employer	Employer Address or contact information <i>(if other than TDI)</i>
	<input type="checkbox"/> Check if TDI Employee	
Telephone Number(s)	E-Mail Address(es)	Location / Vessel where Accident/Incident occurred
Work: Cellular: Home:		
Accident/Incident Date	Time you arrived at the scene	Time you left the scene
1. Other persons you saw at the scene while you were at the scene?		
2. Describe the incident from your perspective and where you were located in relation to the incident/accident scene.		
3. Please describe what you saw, heard, felt and/or smelled during the incident or accident:		
4. Please fully describe the work and conditions in progress leading up to the event.		
5. Did you note anything unusual prior to or during the incident/accident? If yes, please describe what you noticed and thought was unusual.		
6. What was your role in the incident/accident sequence?		

7. What conditions influenced the incident/accident? (Weather, time of day, etc.).
8. How did people influence the incident/accident? (Actions, emergency response, etc.)
9. How do you think the incident/accident could have been prevented?
10. Additional comments/observations:

Print Witness Name: _____

Date: _____

Witness Signature: _____

Time: _____