## TWU 555 Safety & Health Committee Accident Investigation Form

Station	_ Date of Accident: _	Time:
Persons Involv	/ed:	
Location of Ac	cident:	
Name of any \	Witnesses:	
Equipment Inv	volved:	
Weather and S	Surface Conditions:	
_	led as possible, please do r speculations.	escribe what happened. Please state facts only and omit
Print:	Sian:	Employee #

<sup>\*</sup>This Report is to be filled out by a TWU safety Rep. Please date, sign and include any relevant pictures.

<sup>\*\*</sup>This information sheet is to be used exclusively by the TWU 555 representatives to investigate and represent a member, and not to be distributed, copied, or shared, with any Company representative.