



Travis County Risk Management

700 Lavaca Street, 9th Floor • P.O. Box 1748 • Austin, Texas 78701 • (512) 854-9165

Travis County
_____**EMPLOYEE**_____**SUPERVISOR**_____**WITNESS STATEMENT**
(Please Select one of the above)

THIS FORM IS TO BE GIVEN TO ALL EMPLOYEES, SUPERVISORS, AND WITNESSES WHO WITNESS OR REPORT AN INDUSTRIAL INJURY OR OCCUPATIONAL ILLNESS

NAME AND ADDRESS:

PHONE NUMBER:

NAME OF PERSON INJURED:

PLACE OF INCIDENT:

DATE AND TIME OF INCIDENT:

DESCRIBE WHAT YOU OBSERVED:

DID ANYTHING UNUSUAL HAPPEN TO CAUSE THIS INCIDENT:

TO WHOM DID YOU REPORT THIS INCIDENT:

SIGNATURE:

DATE: _____

Please mail report to: Travis County Risk Manager, P.O. Box 1748, Austin TX 78701

If you have any questions, you may contact Risk Management at 512/854-9650