WITNESS ACCIDENT REPORT

Return to WC Coordinator within 2 days

TEXAS CHRISTIAN UNIVERSITY

You have been listed as a witness to a personal injury experienced by _____ that occurred on _____, 20____. To assist the risk management offices in investigating this incident, please complete and return this form to the WC Coordinator at the address below. This is not a sworn statement.

Witness Information

Your name: _____ Home Phone: _____Work Ext.: _____

Address: _____

Incident Information

Did you witness the personal injury involving the above named person (please check)? _____ yes _____ no

Location of the incident (be specific): _____

Approximate time of the incident: _____ Date of the Incident: _____

Describe what you witnessed concerning this incident: _____

_____

_____

_____

_____

_____

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_____

What suggestions do you have to prevent this incident from happening again? _____

_____

Have you reported this problem to any other departments
(i.e. Physical Plant, Facility Services, Residential Housekeeping, etc.) ? _____

Please Return this Form to:

P.O. Box 297110
Secrest-Wible Building, Room115
Fort Worth, Texas 76129
817-257-7778