



Human Resources

80 FORT BROWN * CORTEZ 129 * BROWNSVILLE, TEXAS 78520

PHONE: (956) 882-8205 * FAX: (956) 882-6599

THE UNIVERSITY OF TEXAS AT BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE

On-The-Job Injury Witness Report

To be completed by witness of incident.

Date: _____

Name of injured employee: _____ Work location: _____

Your name: _____ Home phone #: _____

Home address: _____ City: _____ State: _____ Zip: _____

Do you work for the State of Texas: [] Yes [] No Work phone#: _____

Did you see the accident? [] Yes [] No Date you witnessed: _____ Time: _____ (AM/PM)

Did you know the employee before the accident? [] Yes [] No

What did you see or hear? Be specific (use back side if necessary)

Exact location of what you saw or heard:

Name(s) and address(es) of any other witness(es):

I certify the above is true and correct to the best of my knowledge.

Witness Signature

Date

Name and title of individual making report (if other than witness): _____

Please submit completed form to Human Resources, Cortez 129, or via fax at (956) 882-6599.