

TRAVIS COUNTY EMERGENCY SERVICES DISTRICT No. 1

WITNESS STATEMENT – INJURY OR EXPOSURE

WITNESS NAME: _____ EMP. ID#: _____ ADDRESS: _____ CITY: _____ TX: _____ PHONE: _____	FOR OFFICE USE WITNESS NUMBER ____ OF ____ DATE FILED _____
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EXPOSED OR INJURED PERSON NAME: _____ NATURE OF INJURY: _____
DATE OF INCIDENT: _____ PART OF BODY EXPOSED OR INJURED: _____
INCIDENT LOCATION: _____

DESCRIBE IN DETAIL HOW AND WHY THE INJURY OCCURRED:

NAME OR DESCRIBE ANY OTHER PERSON(S) WHO WERE AT THE SCENE OR WHO ARRIVED IMMEDIATELY AFTER THE INCIDENT:

IN YOUR OPINION, WHAT CAUSED THIS INCIDENT?

WITNESS SIGNATURE

DATE