



Weslaco Independent School District

Risk Management Department

319 West 4th Street
P.O. Box 266
Weslaco, TX 78599-0266



Dr. Priscilla Canales
Superintendent of Schools

Witness Report of Accident or Incident

Name of Injured Employee: _____

Date of Accident: _____ Time of Accident: _____ A.M. / P.M.

Campus/Location of Accident/Incident: _____ Employee's position: _____

Description of Injury: _____

Body Parts Affected: _____

Name of Witness: _____ Position/job title: _____
[PRINT]

Witness Address: _____ Phone number: _____

Witness Signature

Date Signed