Texas Tech University Health Sciences Center
Injury/Incident
WITNESS STATEMENT
(Non-Clinical Areas)

Are you a TTUHSC Employee? Yes ☐ No ☐
If yes, what department? __________________________

MUST BE TYPED OR PRINTED
Date of Injury: __________________________
Time of Injury: __________________________
Location of Injury: __________________________
Name of Person Injured: __________________________
Statement Completed By: __________________________

Witness Name: __________________________
Witness Address: __________________________
Home Telephone: __________________________ Other contact number: __________________________
Email Address: __________________________

(check only one box)
☐ I saw the accident involving the above person that is alleged to have occurred.
   The accident occurred in the following manner: __________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

☐ I did not see the accident involving the above person that is alleged to have occurred.
   Information given me by (name of person): __________________________
   indicates it occurred as follows: __________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

__________________________  __________________________
Signature of Witness  Date