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: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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_____	_____
Signature of Witness	Date