



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

Texas Tech University Health Sciences Center El Paso
WITNESS STATEMENT
(Non-Clinical Areas)

Are you a TTUHSCEP Employee? Yes [ ] No [ ]
If yes, what department? \_\_\_\_\_

MUST BE TYPED
OR PRINTED

Date of Injury: \_\_\_\_\_
Person(s) Involved in this Incident: \_\_\_\_\_
Statement Completed By: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, at about \_\_\_\_\_ p.m./am, I was
in or at (clearly state your location ) \_\_\_\_\_

when an Incident involving the above person is alleged to have occurred.

(check only one box)

[ ] I saw the accident.
The accident occurred in the following manner: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other pertinent information and source: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

[ ] I did not see the accident.
Information given me by (name of person): \_\_\_\_\_
indicates it occurred as follows: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Other pertinent information and source: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

[ ] I know nothing whatsoever about the occurrence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date