



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Operating Policy and Procedure

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