Amarillo College Workers' Compensation
Employee Injury Witness Statement

Name of Injured Employee		
Name of Witness	Telephone #	
Address		
City	State	Zip
Work Telephone #		
Relationship to Injured Employee		
Date of Accident	Time of Accident ◯ AM ◯ PM	
Other employees involved in accident		
Other employees who witnessed accident		
Were you in the area where the accident happened?	☐ Yes ☐ No	
Did you see the accident happen?	☐ Yes ☐ No	
Was it obvious the employee was hurt?	☐ Yes ☐ No	
Was employee using a tool or machinery when injured?	☐ Yes ☐ No	
Have you ever heard the employee complain of a similar injury?	☐ Yes ☐ No	
Have you ever heard the employee talk of any other on-the-job injury?	☐ Yes ☐ No	
Did the employee violate a safety rule?	☐ Yes ☐ No	
Was the employee ever warned about unsafe work habits?	☐ Yes ☐ No	
Explain exactly what happened (continue on a separate sheet if necessary):		
Where did it happen?		
What part of the body appeared to be injured?		
What do you think was the cause of the accident?		
What do you think could have prevented the accident from happening?		
The following is my statement of what I heard the injured employee sat (continue on separate sheet if necessary):		
Additional comments:		

The above statement is a true and correct account of what I observed and heard.

Signature of Witness _____ Date signed _____

Witness to Signature _____ Date signed _____

It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.

E-mail the completed form to Amarillo College Human Resources – Employee Health at: employeehealth@actx.edu for processing.