ANTELOPE VALLEY COLLEGE

The Office of People, Culture, and Talent
Risk Management Department

WITNESS STATEMENT

Instructions: Fill out completely and submit this form to Risk Management Department (ext. 6428).

Injured Party's Name: _____

Witness' Name: _____

Witness Residence Address: _____ City: _____ State: _____

Zip Code: _____ Cellphone #: ( ) _____

Email Address: _____

Witness Position/Occupation: _____

Employer's Name: _____

Did you witness the accident: ☐ Yes ☐ No

Date of accident: _____ Time: _____ ☐ a.m. ☐ p.m.

Location where accident occurred (if not an AVC location, provide name of location & address; include room number or other description): _____

_____

Describe how the accident occurred and who or what was involved (use backside or additional sheet if necessary): _____

_____

_____

_____

Any other information regarding the accident? _____

_____

_____

_____

Witness signature: _____ Date: _____