



# KBIG

2101 SW 36<sup>th</sup> Street  
Topeka, KS 66611

Phone: 877-266-4540 Fax: 785-266-7953

**PLEASE PRINT DO NOT TYPE**

## Witness Statement

Claim No: \_\_\_\_\_

*Witness Information:*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

*Incident Statement:*

You have been identified as a witness to an accident/incident involving \_\_\_\_\_ that was reported  
(Employee's Name)  
to have occurred on \_\_\_\_\_. Please respond to the following question as accurately as possible:  
(Date of Accident/Incident)

- Did you actually witness the accident/incident referenced above?  Yes  No

If "**Yes**" provide a detailed summary of your observation of the accident/incident (use additional pages if needed):

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I hereby certify that the above statement is true and correct. Furthermore, I have made this statement of my own free will without any prompting, urging, or influence from any other person.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_