KS Building Industry Association

Kansas Building Industry Workers' Compensation Fund

2101 SW 36th Street
Topeka, KS 66611
Phone: 785-266-4540 Fax: 785-266-7953

PLEASE PRINT DO NOT TYPE

Witness Statement

Claim No: _____

Witness Information:

Last Name: _____ First Name: _____ MI: _____ Social Sec. No: _____-____-_____

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 to
(Employee's Name)
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): _____

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

Revised 4/21/2011