Incident Report

Witness Statement Page

***Must complete a separate report for each incident.**

Indemnity Insurance Corporation of DC
950 Ridgebrook Road
Suite 1500
Sparks, MD 21152
Phone: 410-472-6000
Fax: 410-472-6020
claims@iicdc.com

Insured Name:	DOI:	Patron's Name:

Witness Statement

Full name:			D/L or SS#	State:
Mailing Address:			Occupation:	
City:	State:	Zip:	Best Contact Time(i.e. M-W; 8-5):	
Daytime Phone #:		Eve. Phone #:	Cell Phone:	
Email:				

DOB:	Race:	Sex:	Height:	Weight (lbs):	Hair:	Eyes:

Relationship to Patron: ☐ Relative ☐ Friend ☐ Acquaintance ☐ None

Statement:

I have read this statement and affirm to the truth and accuracy of the facts contained herein. This statement was completed at (Location):

Print Your Name: _____