

STATEMENT OF WITNESS TO AN INJURY

Please print and provide signatures where required



INJURED PERSON

Full name:

Employed by:

Workers' Compensation Claim No.:

(Please quote on all communications)

DETAILS OF WITNESS MAKING THIS STATEMENT

Name of witness:

Residential Address:

Telephone Number – Home:

Work:

Current Employer:

(Name and Address):

Name of your foreman/ganger or supervisor:

ACCIDENT DETAILS

When did it happen? day or week: Date: Time: : AM ☐ PM ☐

Where did it happen? Address and location:

How did it happen? (full description of events leading to accident and actually occurring at the time of the accident):

What was the injured person doing at the time of accident?

What did you notice about the injured person? (such as bleeding, vomiting, limping, etc.):

What complaints did the injured person make? (such as where the pain was):

Did the injured person continue to work? YES ☐ NO ☐ If YES, for how long and in what manner?

Did you actually see the accident? YES ☐ NO ☐ Were there any other persons present at the time? YES ☐ NO ☐

If other persons were present, what were their names?

How did the injured person say the accident occurred?

DECLARATION

I declare that the foregoing is correct

Signature of witness

I declare that the person making this statement is known to me and signed in my presence.

Declared
at: _____

the _____ day of _____ of the year _____

before me: _____

Justice of the Peace

(Print name)

DECLARATION (this Declaration is to be completed where the Witness does not understand written English)

(a) I have had the questions on this form and my answers to those questions, together with this declaration read and explained to me in my native

language which is: _____ by (name of interpreter): _____

and I confirm that my answers as interpreted to me are correct and that I understand the meaning of the declarations made by me.

Signature of Witness

(b) Declaration of Interpreter

I (name, address, occupation) _____

certify that I translated the questions on this form and the declarations on this form to (witness's name): _____

from the English language into the _____ language and the _____ language into the English language to the best of my skill and ability.

I am satisfied that (witness's name) _____

Understood the questions on the form and the declarations on the form.

I certify that the answers as translated by me are correct translations of the witness's answers to those questions.

Signature of interpreter

I declare that the foregoing is correct

Signature of witness

I declare that the person making this statement is known to me and signed in my presence.

Declared at: _____

the _____ day of _____ of the year _____

before me _____

Justice of the Peace

(Print name)