

# Statement of witness to an injury

Please print all details and provide signatures where required

Injured person \_\_\_\_\_

Employed by \_\_\_\_\_

Workers compensation claim no. (if known) \_\_\_\_\_ (Please quote on all communications)

## Details of witness making this statement

Name of witness \_\_\_\_\_

Residential address \_\_\_\_\_ Post code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Current employer \_\_\_\_\_

(Name and address) \_\_\_\_\_ Post code \_\_\_\_\_

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 time of accident) \_\_\_\_\_

What was injured person doing at 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 was the pain?) \_\_\_\_\_

Did the injured person continue to work? (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 present what were their names? \_\_\_\_\_

How did injured person say the accident occurred? \_\_\_\_\_

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**Declaration**

I declare that the foregoing is correct                      Signature of witness \_\_\_\_\_

Employed by \_\_\_\_\_

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

Declared at \_\_\_\_\_

the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

before me Justice of Peace \_\_\_\_\_

(Print name) \_\_\_\_\_

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**Declaration**

THIS DECLARATION TO BE COMPLETED WHERE 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, \_\_\_\_\_

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 \_\_\_\_\_ 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 on the witness 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 \_\_\_\_\_ 20 \_\_\_\_\_

before me Justice of Peace \_\_\_\_\_

(Print name) \_\_\_\_\_

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