



STATEMENT OF WITNESS TO AN INJURY

Claimant:
Council:
Claim No:

I,(name)

of..... (address)

make the following statement:

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

I declare that the statement given above is, to the best of my knowledge, true and correct and I understand that it is an offence to provide false information.

Signature: Date: