

Victim Impact Statement Occupational Health & Safety Act

Case Identification

| Name of the Victim (PLEASE PRINT/TYPE): |
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| Name(s) of the Accused (PLEASE PRINT/TYPE): |
| Date of the Incident (PLEASE PRINT/TYPE - Month/Day/Year): |
| This form may be used to provide a description of the physical or emotional harm, property damag or economic loss suffered by you as the result of the commission of an offence involving a serious injury or fatalit under the Occupational Health & Safety Act for which the accused was convicted, as well as a description of the impact that the offence has had on you. You may attach additional pages if you need more space. |
| Your statement must not include: any statement about the offence or the offender that is not relevant to the harm or loss suffered by you; any unproven allegations; any comments about any offence for which the offender was not convicted; any complaint about any individual, other than the offender, who was involved in the investigation or prosecution of the offence; or except with the court's approval, an opinion or recommendation about the sentence. |
| You may present a detailed account of the impact the offence has had on your life. The following sections are examples of information you may wish to include in your statement. You are not required to include all of this information. |
| Emotional Impact |
| Describe how the offence has affected you emotionally. For example, think of |
| your lifestyle and activities; your relationships with others such as your spouse, family and friends; |
| your ability to work, attend school or study; and your feelings, emotions and reactions as they relate to the offence. |
| |
| Physical Impact |
| Describe how the offence has affected you physically. For example, think of |
| ongoing physical pain, discomfort, illness, scarring, disfigurement or physical limitation; hospitalization or surgery you have had because of the offence; |
| treatment, physiotherapy or medication you have been prescribed; the need for any further treatment or the expectation that you will receive further treatment; and any permanent or long-term disability. |
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Economic Impact

Describe how the offence has affected you financially. For example, think of

- the value of any property that was lost or damaged and the cost of repairs or replacement;
- any financial loss due to missed time from work;
- the cost of any medical expenses, therapy or counselling; and
- any costs or losses that are not covered by insurance.

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| Economic Impact (Continued) - Please note that this is not an application for compensation or restitution. | | | | | |
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| Fears for Security | | | | | |
| • | | | | | |
| Describe any fears you ha | ve for your security or tha | at of your family a | nd friends. For exan | nple, think of | |
| | pect to contact with the c pect to contact between t | | members of your fai | mily or close friends. | |
| | | | | | |
| Drawing, Poem or Letter | | | | | |
| You may use this space to offence has had on you. | draw a picture or write a | a poem or letter i | f it will help you exp | ress the impact that th | |
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| ☐ I would like to rea | ad or present my stateme | ent in court. | | | |
| To the best of my knowled | dge, the information cont | ained in this state | ement is true. | | |
| Dated this | day of | 20_ | , at | | |
| | | | | | |
| Signature of declarant | | | | | |
| If you completed this state nature of your relationshi | | ctim, please indica | ate the reasons why | you did so and the | |
| | | | | | |
| Dated this | day of | 20_ | , at | | |
| Signature of declarant | | | | | |

This completed form should be submitted to Victim Services – For office locations, call toll-free 1 (888) 470-0773 or visit website: http://novascotia.ca/just/victim_Services/contact.asp