



INCIDENT REPORT

Please note that completion of this form is discretionary but will assist in investigating the circumstances.

DETAILS OF PERSON MAKING REPORT

Title: Mr/Mrs/Miss/Ms

Surname: Given Names:

Address:

To assist in further contact please advise:-

Phone: Mobile

Email:

DECLARATION

The information and answers given above on the following pages are truthful and frank. No information likely to affect this Report has been withheld.

.....
Signature

.....
Date

When completed please sent to the General Manager, Locked Bag 10, Casino NSW 2470 OR Deliver to the General Manager, Corner Walker Street and Graham Place, Casino.

THE INCIDENT

1. Explain fully and clearly: (If insufficient space please continue on back page)

(a) What Happened:

.....

.....

.....

.....

.....

.....

.....

.....

(b) Where it happened:

.....

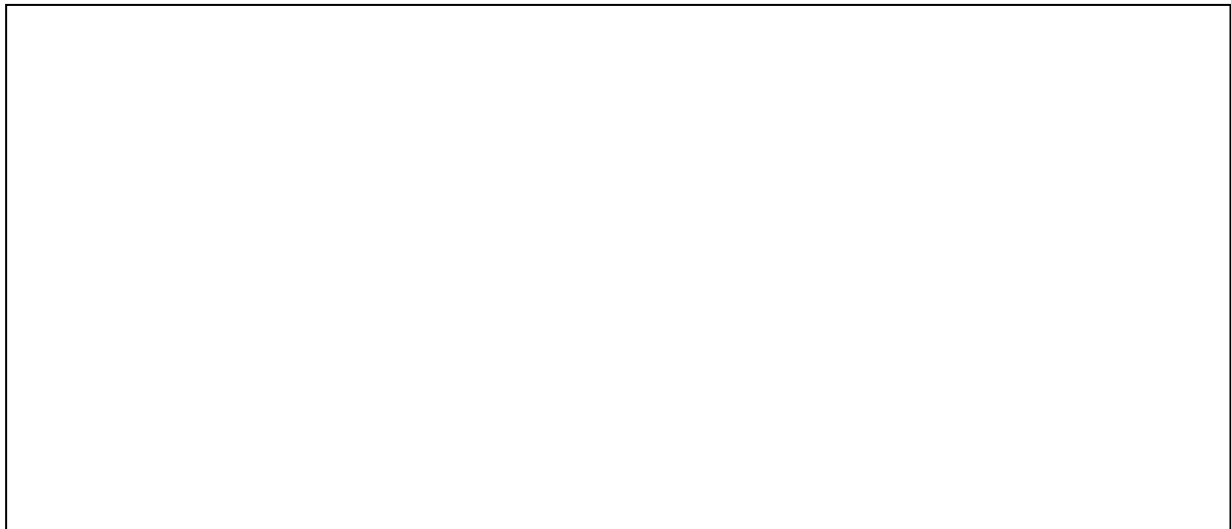
.....

(c) When it happened:/...../..... atam/pm

(d) Conditions

Weather:			
<input type="checkbox"/> Fine	<input type="checkbox"/> Overcast	<input type="checkbox"/> Raining	<input type="checkbox"/> Fog
Visibility:			
<input type="checkbox"/> 0-20m	<input type="checkbox"/> 20-100m	<input type="checkbox"/> 100-200m	<input type="checkbox"/> 200m+
Ground:			
<input type="checkbox"/> Dry	<input type="checkbox"/> Damp	<input type="checkbox"/> Wet	<input type="checkbox"/> Very Wet
Other Comments.....			

2. Draw a sketch showing the site and what happened



3 Name and address of witness/es

Name:

Address:

Phone No:

Name:

Address:

Phone No:

If available please attach a signed statement by the witness, describing what happened.

4. If possible attach photographs of the incident.

INJURY OR DAMAGES

(If insufficient space, please continue on back page)

(a) Describe the extent of property damage or personal injury sustained:

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

(b) Name and address of owner of property damaged:

Name:

Address:

.....

If motor vehicle involved state:

Registration No:

Vehicle Insurer:

Driver's Name

Address

Licence No:

(5) Was the incident reported to Police, YES/NO, if so name of Officer attending
and/or Police Report Number:
.....

(6) Has or will any action be taken against parties involved in the accident?
.....

(7) Quotations obtained for repair of property
(Note: at least two quotations must be attached)

.....
.....
.....
Total \$ _____

(8) Expenses incurred to date for treatment or personal injuries
(Please itemise and attach receipts)

.....
.....
.....
Total \$ _____

(9) Details and time of First-Aid received after the incident:
.....
.....
.....

(10) Details and time of medical attention received:
.....
.....
.....

(11) Name and address of medical practitioner and date and time consulted:

.....
.....

Additional Comments:

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