



Incident Report

Note: completion of this form is discretionary, however will assist the investigation of the incident.

Details of Person Making Report

Title: Mr/Mrs/Miss/Ms

Surname:

Given Name:

Address:

Postal address:

Phone:(M)

(H)

(W)

Email:

The Incident

Explain fully and clearly: *(If insufficient space, continue onto back page)*

a) What happened:

b) Where it happened: *(Provide specific location details, including nearest crossroad)*

c) When it happened:

/ / at am/pm

d) **Conditions**

Weather

Fine

Overcast

Raining

Fog

Visibility:

0-20m

20-100m

100-200m

200m+

Ground:

Dry

Damp

Wet

Very Wet

Other Comments:

Draw a sketch showing the site and what happened: *attach if required*

Name and Address of Witness/es

Name:

Address:

Postal address:

Phone:(M)

(H)

(W)

Email:

Name:

Address:

Postal address:

Phone:(H)

(M)

(W)

Email:

- *Attach signed witness statement/s*
 - *Attach photographs of the incident*
-

Injury or Damages

Describe the extent of property damage or personal injury sustained:

Name and address of owner of property damaged:

Name:

Address:

If motor vehicle involved state:

Registration No:

Vehicle Insurer:

Name of driver:

Address:

Licence No:

Was the incident reported to Police

YES

NO

Police Report # :

Officer Name

Has or will any action be taken against parties involved in the accident?

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

Total

\$

Expenses incurred to date for treatment of personal injuries *(Please itemise and attach receipts).*

Total

\$
