

council@richmondvalley.nsw.gov.au

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/N	Ms		
Surname:	(Given Name:	
Address:			
Postal address:			
Phone:(M)	(H)	(W)	
Email:			
The Incident			
Explain fully and	clearly: (If insufficient space, continue onto ba	nck page)	
a) What happene			
b) Where it happ	ened: (Provide specific location details, includi	ng nearest crossroad)	
c) When it happe	ened:		
/ / ;	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/sAttach photographs of the incident		

Injury or Damages

Describe the extent of property damage or personal injury sustained:

Name and addres	ss of owner of prop	erty damaged:			
Name:					
Address:					
If motor vehicle in	volved 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 ac	tion be taken agair	nst parties involved in the accident?			
Quotations obtain	ed for repair of pro	perty (Note: at least two quotations must be attached).			
Total		\$			
Expenses incurred to date for treatment of personal injuries (Please itemise and attach receipts).					
Total		\$			

Details and time of medical attention received:

Name and address of medical practitioner and date/time consulted:

Medical Practitioner Name:

Address:

Medical Consultation Date:

Medical Consultation Time:

Additional Comments:

Declaration

The information and answers provided above are factual. No information likely to affect this Report has been withheld.

Lodge completed form at Council's Administration Offices:

Casino Office - 10 Graham Place, CASINO Evans Head Office - 25 Woodburn Street, EVANS HEAD

or

email: council@richmondvalley.nsw.gov.au