



Cowra Shire Council
Private Bag 342
Cowra NSW 2794

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www.cowracouncil.com.au

Incident Report

1. Reported by: _____

2. Name of Injured Person / Owner of Damaged Property:

3. Contact Details: _____

Phone: _____ Fax: _____

4. Location of Incident: _____

5. Time of Incident: _____

6. Date of Incident: _____

7. Date incident first reported to Council: _____

8. Nature of Injury / Damage: Not Applicable

9. Medical treatment required: Yes No
If yes, record details:

10. Cause of Injury / Damage:

Not Applicable

11. Were there any witnesses to the incident? Yes

No

If yes, please record contact details:

(To be completed by Insurance Officer)

Date received: _____ Incident No: _____ CARS/Doc no. ref: _____