

INCIDENT REPORT – LETTER OF DEMAND



To >> Insurance Claims Officer
Townsville City Council
PO Box 1268
TOWNSVILLE QLD 4810

Email >> enquiries@townsville.qld.gov.au
Fax >> 4727 9050

Name >> _____

Postal Address >> _____ **Phone >>** _____

If insufficient room to answer any question attach extra page(s) >>

DESCRIPTION OF INCIDENT/OCCURRENCE >> _____

Date of incident >> _____ **Time >>** _____

Was this reported to a staff member on site>> Yes No

Name of staff member this incident was reported to >> _____

Name(s) of witnesses and contact details (postal and phone please)

SPECIFIC LOCATION OF INCIDENT/OCCURRENCE >> _____

Location >> Dam Reserve Road Footpath Bldg

CONDITIONS >>

Weather >> Wet Dry Sunny Overcast Other

Lighting >> None Artificial Not working

Contributing Factors >> Uneven ground Pavement Hole Tree Other

Comments >> _____

Property damage >> Yes No Estimated Cost \$ _____

Damage >> _____

Personal Injuries sustained >> Yes No Estimated Cost \$ _____

Details >> _____

Signature >> _____

Date >> _____

You are providing personal information which will be used for the purpose of delivering services and carrying out council business.

Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.