



Accident/Damages Notification Form

I wish to notify Hindmarsh Shire Council of:

- Damage to property
- Damage to motor vehicle
- Accident/personal injury to an individual
- Other

Name:

Phone:

Postal Address:

Email:

Do you wish to receive all correspondence relating to incident by: Post or Email ?

Date of Incident:

Time of incident:

Where did the incident occur:

Please describe the incident that occurred:

Please describe the weather conditions, road condition, speed travelling and visibility at the time of the incident (where applicable):

Name and phone numbers of other parties involved/witnesses:

Please describe injuries or property damage sustained as result of incident:

Where was medical care received:

Name of person reporting incident and signature:

Date: