Community Bus Accident/Incident Report Form



Must be completed on any occasion of theft, accident, vandalism, negligence etc. and returned to the Shire Administration immediately including the Police Incident Report Number (if applicable).

Report can be lodged by:

- Email: shire@kellerberrin.wa.gov.au
- Mail: Po Box 145 KELLERBERRIN WA 6410
- In person: Shire Office 110 Massingham Street Kellerberrin

Terms and conditions for the hire of Shire Community Bus were included at the time of the application which has been signed by the appropriate party.

Any questions or queries, do not hesitate to contact the Shire of Kellerberrin on (08) 9045 4006 or shire@kellerberrin.wa.gov.au who will assist you.

| 1. Personal Details | | | | | | | | |
|--|-------------------------|------------------|------------|----------|--|--|--|--|
| Date of Report | Time of Report | | | | | | | |
| Name of Person Reporting | | | | | | | | |
| Contact Number | Ema | Email Address | | | | | | |
| 2. Incident Details | | | | | | | | |
| Date of Incident | Time | Time of Incident | | | | | | |
| Location of Incident | | | | | | | | |
| Was the Community Bus in C | peration at the Time? | □ Yes | □ No | | | | | |
| Driver's Full Name | Driver's Licence Number | | | | | | | |
| 3. Description of Incident | | | | | | | | |
| 4. Damaga (Injuria | | | | | | | | |
| 4. Damage/Injuries | | | | | | | | |
| Damage to Community Bus Description of Damage: | □ None □ | Minor □ N | loderate [|] Severe | | | | |



| 5. Witnesses | | | | | | | | |
|---|-------|------|----------------|--|--|--|--|--|
| a) Name | | | Contact Number | | | | | |
| b) Name | | | Contact Number | | | | | |
| 6. Photo Attachments | | | | | | | | |
| □ Photographs Attached (Compulsory for damage) | | | | | | | | |
| 7. Declaration | | | | | | | | |
| I declare that the information provided in this report is true and correct to the best of my knowledge. | | | | | | | | |
| Signature of Person Reporting | | | Date | | | | | |
| OFFICE USE ONLY (Shire of Kellerberrin) | | | | | | | | |
| Received By | | | Date Received | | | | | |
| Recorded | □ Yes | □ No | Record Number | | | | | |
| Action Taken/ Comments | | | | | | | | |
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