



ACCIDENT/INCIDENT REPORT FORM

Without Prejudice

Please complete the following and return to:

*Insurance Officer, Finance, Warwick District Council,
P.O. Box 2180, Riverside House, Milverton Hill, Royal Leamington Spa, CV32 5QW
(Tel: 01926 456823)*

Name & Address:

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Occupation:Age:

Home Tel. No: Business Tel. No:

State Precisely How Accident/Incident Occurred or How Damage Was Caused:

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Details of Injuries or Damage to Property:

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Exact Time and Date of
Accident/Incident:

Weather Conditions: *(if applicable)*.....

Precise Location of Accident:

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I confirm that the information given on this form is correct.

(Please note that this authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other organisations responsible for auditing or administering public funds.)

Signed:

Date:.....

SKETCH OF ACCIDENT LOCATION: *(or attach photograph if preferred)*

If applicable please provide a simple sketch on this form showing the exact location of the accident site. Indicate landmarks such as houses, shops, streetlamps or other conspicuous objects together with a brief description of the nature of the defect. A photograph of the site is also acceptable.

Please enclose any estimates if relevant.

Any other information you may feel is necessary: