



ACT
Government

Transport Canberra
and City Services

INCIDENT REPORT FORM

Type of Incident: _____

Date: _____ Time: _____ am/pm _____ Location: _____

Suspect: Male/Female Approx Age: _____ Hair colour: _____

Description: _____

Clothing: _____

Vehicle Details: Make: _____ Type: _____ Colour: _____

Registration number: _____ State/Territory: _____

Witness Details: Name: _____

Address: _____

Contact Number: _____ E-mail: _____

Statement attached: Yes/No

Prepared to make statement: Yes/No

Prepared to give evidence in court: Yes/No

Supporting documentation: Yes/No

Photographs: Yes/No

Details of Incident: _____

Person completing this form: Name: _____

Contact details: _____ Date: _____

Received by City Rangers: Date: _____ Time: _____ Date Assigned _____