



Incident Report Form

*Incident date:

*Incident location:

*Vehicle registration number:

*Restraint type

*Name:

Address:

*Contact number:

*Description of incident:

*** These fields must be completed**

(Please forward copy of "Fitting Service Checklist" and any other relevant information e.g. photos to the RoadWise Program by post to: Western Australian Local Government Association, PO Box 1544, West Perth WA 8762 or by Fax: 9321 8378 or email to childcarrestraints@roadwise.asn.au).

Investigation:

Office use only

Acknowledgement/Action:

Recommendations:

Fitter's Signature:

Coordinator's Signature: