

City of Joondalup



TRAFFIC INCIDENT REPORT SHEET

Complete and forward to: Officer In Charge  
Police Station  
JOONDALUP WA 6027



TIME / DATE / PLACE

At \_\_\_\_\_ am/pm \_\_\_\_\_ day \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

On \_\_\_\_\_ (Rd,Crt,Bv)

Suburb \_\_\_\_\_

Direction of Travel \_\_\_\_\_

Weather \_\_\_\_\_ (Clear, overcast, raining etc)

VEHICLE

Make of vehicle \_\_\_\_\_

Type (bicycle, motor cycle, car, coupe, 4 wheel drive, utility, truck etc) \_\_\_\_\_

Registration No \_\_\_\_\_

Main colour of vehicle \_\_\_\_\_

Distinguishing marks or stickers, roof rack \_\_\_\_\_

DRIVER

Male/female, young/old, hair colour \_\_\_\_\_

Complexion \_\_\_\_\_

Other persons or load in/on the vehicle \_\_\_\_\_

Description of incident \_\_\_\_\_

To ensure follow up action you MUST supply the following details:

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Contact Phone number \_\_\_\_\_

Are you prepared to go to court? YES ☐ NO ☐