TOWN OF COCHRANE
101 RancheHouse Rd.
Cochrane, AB T4C 2K8
P: 403-851-2500 F: 403-932-6032
www.cochrane.ca

CLAIM / INCIDENT REPORT FORM

BY PROVIDING YOU WITH THIS FORM, THE TOWN OF COCHRANE DOES NOT ADMIT ANY LIABILITY FOR THE DAMAGES. THIS FORM IS SOLELY USED FOR INVESTIGATION PURPOSES OF THE INCIDENT DESCRIBED BELOW.

PLEASE FILL OUT ALL APPLICABLE FIELDS AND SUBMIT THE FORM WITH ANY SUPPORTING DOCUMENTATION TO:

101 Ranchehouse Road, Cochrane, AB T4C 2K8, ATTENTION: Risk Management Advisor **or** Legislative@cochrane.ca

TYPE OF INCIDENT		
☐ Vehicle Damage	☐ Other Property Damage	☐ Personal Injury

TIME & PLACE OF INCIDENT		
Date	Time	Location

REPORTING OF INCIDENT TO THE TOWN OF COCHRANE		
Has this incident previously been reported to the Town of Cochrane?	☐ YES	☐ NO
If **YES**, provide the date when reported:		
If **YES**, provide the name of individual incident was reported to:		
At this time, I am (choose all that apply):	☐ Submitting a Claim	☐ Reporting an Incident

YOUR INFORMATION		
Last Name, First Name	Driver's License No.	Province
Address	Daytime Phone No.	Email
Business Name & Address (if applicable)	Business Phone No. (if applicable)	

VEHICLE INFORMATION (if applicable)			
Year	Make	Model	License Plate No.
Name of Insurer	Policy No.		
Name of Driver (if different from above)	Address of Driver (if different from above)	Phone No.	
Where can vehicle be inspected (if required)?			

DESCRIPTION OF LOSS/INJURY

Description of incident and cause of damage/injury. Attach separate page(s) if necessary.

WHY DO YOU FEEL THE TOWN OF COCHRANE IS RESPONSIBLE AND WHAT WOULD YOU LIKE THE TOWN TO DO?

WITNESSES

Provide witness information if witnesses were present during the incident.

Witness 1 – Last Name, First Name	Witness 2 – Last Name, First Name
Address	Address
Daytime Phone No.	Daytime Phone No.
Email	Email

REPORT FILED BY

BY SIGNING THIS FORM, I SOLEMNLY STATE THAT THE ABOVE-MENTIONED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature	Print Name	Date

This personal information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act.* It will be used to process your claim and may be disclosed to third parties to verify the information given. Your information is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and protection of this information, please contact the FOIP Coordinator by email at FOIP@cochrane.ca or telephone 403-932-2674.