

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 and any supporting documentation (pictures, repair estimates, etc.) to:
101 Ranchehouse Road, Cochrane, AB T4C 2K8, ATTENTION: Risk Management Advisor or Legislative@cochrane.ca

At this time, I am choosing to:

- Submit a Claim Report an Incident

(Check this box if you are looking to receive compensation)

(Check this box if this is for informational purposes only)

TYPE OF INCIDENT

- Vehicle Damage 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:

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.	

DESCRIPTION OF LOSS/INJURY

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

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

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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

Signature_____
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.