

Details for investigation

Date of incident	D	D	M	M	Y	Y	Y	Y
Driver authority no.								
Place of pick up								
Booked	Yes	No						

Time of incident								
Tow truck registration no.								
Place of drop off								
Tow truck company								

Your details

Surname									
Given name(s)									
Home address							Postcode		
Contact phone number <i>(mobile preferred)</i>									

Would you be prepared to attend court if necessary? Yes No

Description of incident *(if there is insufficient space, please attach additional sheet)*

Your signature

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

Please mail the complaint to

VicRoads - Accident Towing
Locked Bag 9000
Kew 3101
or email it to : accidenttowing@roads.vic.gov.au