



ALBION RECREATION DEPARTMENT
112 W. Cass Street – Albion, Michigan 49224 (517) 629-5535 Office
(517) 629-2238 Fax

INCIDENT/ACCIDENT REPORT FORM

DATE OF INCIDENT/ACCIDENT: _____

NAME OF PERSON REPORTING INCIDENT/ACCIDENT: _____

NAME/ADDRESS/PHONE OF INJURED PERSON:

DESCRIPTION OF INCIDENT/ACCIDENT (Describe what, when, where, how incident/accident occurred.)

DATE OF REPORT: _____

SIGNATURE: _____ DATE: _____

**ALL INCIDENT/ACCIDENT MUST BE FILED WITH DIRECTOR/PROGRAM DIRECTOR
WITHIN 24 HOURS.**