



**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.)

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\_\_\_\_\_

\_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

