Alabama Municipal Insurance Corporation

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OCCURRENCE INCIDENT REPORTING FORM
(For Information Only)

Department/Person to Report to: _____

Department/Person Reporting Activity: _____

Date of Incident: _____/_____/_____

Name/Address/Phone # of Injured/Property: _____

_____

Damage: _____

_____

Description of Activity (Describe what, when, where, how activity occurred): _____

_____

_____

_____

_____

_____

_____

Date of Report: _____/_____/_____   Police Report/Fire/Ambulance Report Filed: Yes ☐ No ☐

Date: _____/_____/_____ Signature: _____