

## City of Alpharetta Accident / Incident Report Form

Date of accident/incident  Facility where accident/incident oc  Specific location of accident/incident	Time of accide curred the facility	ent/incident _		
Number of persons involved Police notifiedYN EMS notifiedYN				
Information on persons involved in	the accident/incident:			
NAME (please print)		PHONE		Under the age of 18
		Day:		
		Evening: Day:		
		Evening:		
		Day: Evening:		
		Evening:		
Information on witnesses to the acc	cident/incident			
NAME (print)	SIGNATURE		PHONE	
			Day:	
			Evening: Day:	
			Evening:	
			Day: Evening:	
			Day:	
			Evening:	
ACCIDENT/INCIDENT SUMMA	RY:			
If applicable, who offered treatment o	ptions			
Did the injured party waive treatment	Y N **Photo	os of accident/in	cident site taken	YN
Person completing form				
(Print name)	Signat	ture	Date	
Danson completing from				
Person completing form  Day phone	Eveni	ng phone		

\*\* Take photographs of the accident/incident site as soon as practical but within 24 hours of the accident/incident Fax the completed form to the City at 678-297-6063 and to the Recreation & Parks Dept at 678-297-6101.