

**City of Alabaster
Parks and Recreation**

Accident Report

Date and Time of Incident: _____

Location of Incident: _____

Name of Injured Person: _____ Date of Birth: _____

Home Address: _____

City/State/Zip: _____

Phone - Home: _____ Cell: _____ Work: _____

Description of Incident: _____

Description of injuries: _____

Describe treatment provided at site: _____

List persons giving First Aid on site (paramedic, staff) _____

Comments: _____

Signature of Reporting Employee

Date