



# Alabama Municipal Insurance Corporation

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[www.AMICentral.org](http://www.AMICentral.org)

## 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: \_\_\_\_\_

