

OCCURRENCE/INCIDENT REPORTING FORM

MUNICIPALITY NAME: City of Marshall
323 W. Michigan Avenue
Marshall, MI 49068
(269) 781.5183

DEPT/ PERSON REPORTING ACTIVITY: _____

DEPT/ PERSON TO REPORT TO: _____

DATE OF OCCURRENCE AND TIME: _____

NAME / ADDRESS / PHONE OF INJURED/PROPERTY DAMAGE:

DESCRIPTION OF ACTIVITY (Describe what, when, where, and how activity occurred)

DATE OF REPORT: _____

POLICE REPORT FILED? YES OR NO

SIGNATURE _____

DATE _____

Please return form to: Trisha Nelson, Clerk