

ALBERTA
HIGHWAY
CLEANUP
INCIDENT
REPORT
FORM

Report any injuries, collisions, near misses, or potentially hazardous incidents.

Name of Group Participant(s) Involved _____ Age _____ Type of injury, if any _____

Address _____

Name of Group Participant(s) Involved _____ Age _____ Type of injury, if any _____

Address _____

Name of Group Participant(s) Involved _____ Age _____ Type of injury, if any _____

Address _____

Date of Occurrence: _____ Time of Occurrence: _____

Location: In _____ Or Near _____

City/Town/Village/Hamlet of: _____

IF AT INTERSECTION: On Highway No. _____ or Street _____
at intersection with
On Highway No. _____ or Street _____

IF NOT AT INTERSECTION: _____ km N S E W of _____
(circle one) (Street, Highway, Town, etc.)

Licence Plate Number of Vehicle(s) Involved	Make, Model, and Year of Vehicle	Driver's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check if Damaged _____

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CONTINUED

DESCRIPTION

Provide a complete and detailed description of the incident (NOTE: If reporting a motor vehicle collision resulting in injury, or if damage to property exceeds \$1,000, a copy of the police report must be attached to the incident report).

Report submitted by: (please print)

Name: _____ Phone: () _____

Address: _____

Signature _____

Date: _____ Time Reported: _____

**PLEASE RETURN THIS REPORT TO THE ALBERTA GOVERNMENT DISTRICT OFFICE.
CONTACT NUMBERS ARE LISTED ON THE INSIDE BACK COVER OF THE MANAGING
SUPERVISOR'S HANDBOOK.**