

# Santa Lucia Sportsmen's Association, Inc.

## INCIDENT REPORT FORM

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

1. Describe the incident (i.e. nature of safety violation and/or extent of injury):

2. Provide the names or a description of the person(s) involved in the incident:

3. If injury occurred, state if first aid was given and describe nature of first aid:

4. Location of incident and conditions of area:

5. Describe any evidence taken (equipment, photographs, etc.):

6. Witness Statements: Interview witnesses separately. Use attachments if needed.

A. Witness (Name): \_\_\_\_\_ Statement Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

B. Witness (Name): \_\_\_\_\_ Statement Attached : Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

7. Notes and Comments:

7. Incident Report completed by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_