



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: _____