

Incident Report Form

Itasca Gun Club

ANY FIREARM RELATED INJURY YOU MUST CALL 911 TO REPORT

Date of Incident: _____ Time: _____

Weather conditions: _____ Shooting Event: _____

Name of Injured person: _____

Address: _____

Contact information (Phone number): _____ Cell phone: _____

Witness's name and phone numbers: _____

Type and Make of firearm: _____

What happened? _____

Where did the incident occur? _____

How did the incident occur? _____

Exactly What body part was injured? _____

How could this incident been prevented? _____

Any other comments you would like to make? _____

Please complete this form so the club officers can review this incident and make any necessary changes so we can prevent this from happening in the future.

Please call one of the club officers to report incident. Check web site for contact information.

www.Itascagunclub.org

Mail completed form to: Itasca Gun Club, P.O. Box 201, Grand Rapids, MN 55744