



2560 FM 972, Georgetown, Texas 78626  
www.TexasFiringLine.com

### Annex F - INCIDENT REPORT FORM 2024

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

1. Identity of those involved (continue on reverse side if necessary):

a. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

b. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

c. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

2. Incident description (what happened? Continue on reverse side if necessary):

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3. Were there any injuries? Yes \_\_\_ No \_\_\_

a. If so, describe nature and extent of injury (specify parts of body): \_\_\_\_\_

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b. Describe how the injury occurred: \_\_\_\_\_

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c. Describe first aid given: \_\_\_\_\_

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d. First aid provided by: (include names and phone numbers): \_\_\_\_\_

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e. Disposition (Specify name of hospital, telephone numbers, time of transport, etc):

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f. Notification of next of kin (specify time, person contacted, and method): \_\_\_\_\_

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4. Location of incident and conditions of area: \_\_\_\_\_

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5. Was protective equipment worn (if applicable): Yes \_\_\_ No \_\_\_ NA \_\_\_

Describe the equipment & its condition: \_\_\_\_\_

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6. Describe efforts to document the incident, if any (photographs, etc.):

7. Witness statements: Interview witnesses separately. Use attachments if needed.

Witness (Name): Statement Attached Yes No

Address:

Phone Number (Day) (Evening)

Summary of witness comments:

Witness (Name): Statement Attached Yes No

Address:

Phone Number (Day) (Evening)

Summary of witness comments:

Witness (Name): Statement Attached Yes No

Address:

Phone Number (Day) (Evening)

Summary of witness comments:

8. Police Report/Investigation: Yes No

Initial report taken by: (Name) (Agency)

Investigator: (Name) (Agency)

9. Notes/Comments:

10. Report Submitted By: (Name)

Signature: (Date)

To Be Completed by Firing Line RSO

Disposition:

Name: Date:

Signature: