



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

**Annex F - INCIDENT REPORT FORM 2025**

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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: \_\_\_\_\_