FIRING LINE LLC
2560 FM 972,Georgetown, Texas 78626
www.TexasFiringLine.com

Annex F - INCIDENT REPORT FORM 2027

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: _____

_____

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: _____