

Incident Report Form

Victoria Fish and Game Protective Association

Range Name/Location:

Date: _____ (YYYY/MMM/DD)

Time: _____ AM _____ PM

RSOs Name: (Last/First/Middle)

Daytime Telephone Number: (____)_(____)_(____) Ext:(____)

Cell Telephone Number (____)_(____)_(____)

Name of Person (s) Involved: (Last/First/ Middle)

(Club Membership #/Day Pass #)

Witness (if applicable): (Last/First/Middle)(Contact Info: Telephone #s, e-mail, address)

(1) _____

(2) _____

(3) _____

Date of Incident (Y/M/D) _____

Time of Incident: _____ AM. _____ PM.

Location of Incident:

Has the Incident been reported to Police: ____ Yes ____ No

If YES Police Report/File # _____

Has the Incident been reported to Caretaker ____ Yes ____ No

Has the Incident been reported to Chief Range Safety Officer ____ Yes ____ No

Description of Incident: (If additional space is required attach a separate sheet)

___ check here if additional Sheet Attached

Individual(s) Involved: (If needed please attached a separate page)

Name (Last/First/Middle)

Firearms Licence Number: _____

Residential Address: _____

Street/land address: _____

Apt. #: _____

Daytime Telephone # (____)(____)(____) Ext. #: (____)

City/Province/Country/Postal Code:

Involvement (Attach separate page if necessary and add their name and Firearms Licence number at top of each sheet)

Check this if you have attached page(s) listing Individuals.

RSO:

I declare that the information provided on this form and any attachments is true and correct to the best of my knowledge.

Signature

Date: (YYYY/MMM/DD)
