

**West End Gun Club, Inc. Incident Reporting Form**

INCIDENT DESCRIPTION: \_\_\_\_\_

REPORTED BY (NAME): \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_@\_\_\_\_\_

Date of Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location of occurrence: \_\_\_\_\_

Names & Phone numbers of Members, Guests, other involved parties or any witnesses (if known):

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

All incidents shall be reviewed and evaluated by the BoD at the first BoD meeting following the receipt of the report. All Incident Reports shall be kept on file for a period of two (2) years from the date received.

**STATEMENT of FACTS**

Summary of incident (include names of involved parties, witnesses and any other factual and supporting information):

I certify the facts contained herein are true and correct to the best of my knowledge.

Signature of Reporter: \_\_\_\_\_ Date: \_\_\_\_\_