

Safety & Accident Report

CONTACT THE POLICE 911

CALL THE EXECUTIVE TEAM A.S.A.P. TO REPORT THE INCIDENT

DO NOT LET AN INJURED PERSON TRANSPORT THEMSELVES TO THE HOSPITAL

Date:	Time:			
Reporting Member:		Phone #		
	curred: Pistol Bay, 2 Shotgun Field, Otho ::			
Identify Person/s Involved in Incident:		Licen	License Plate	
Identify any Witness(es) to the Incident:		Licen	License Plate	
Identify any Witness(es) to the Incident:		Licen	License Plate	
If there were any add	es) to the Incident: itional Witnesses please use t ment in use at the time of the	he back of this form.		
Name of member acti	ng as Range Safety Officer: _			
Was First Aid Admini	stered? Y/N			
If so, by whom? (incl	uded name and phone numbe	r)		
Was 911 called?: Yes	No If Yes, Police	Report taken by Offi	cer	
Name of Executive Te	eam member notified:			
Date when RCMP Har	npton notified	Name:		
Date when Chief Fire	arms Officer notified:		_	