

TCMSA RANGE SAFETY INCIDENT REPORT

DATE: _____ TIME: _____

REPORTING PARTY NAME: _____ MEMBER #: _____ PHONE: _____

LOCATION INCIDENT OCCURRED (CHECK ALL THAT APPLY):

- CMP AREA 100/200 YD BENCH AREA 50 YD BENCH AREA PISTOL AREA
 SHOTGUN AREA PARKING AREA DOWNRANGE OTHER: _____

DESCRIBE THE INCIDENT:

WERE THE CLUB RULES OR GENERAL FIREARM SAFETY RULES VIOLATED?

- NO YES (DESCRIBE) _____

IDENTIFY PERSON(S) INVOLVED IN INCIDENT:

PERSON #1:

NAME (IF KNOWN): _____ MEMBER# (IF KNOWN) _____

PHYSICAL DESCRIPTION: _____

VEHICLE DESCRIPTION / LICENSE: _____

PERSON #2:

NAME (IF KNOWN): _____ MEMBER# (IF KNOWN) _____

PHYSICAL DESCRIPTION: _____

VEHICLE DESCRIPTION / LICENSE: _____

(USE BACK OF FORM IF NECESSARY FOR ADDITIONAL PERSONS)

NAMES & PHONE NUMBERS OF ADDITIONAL WITNESSES:

ADDITIONAL COMMENTS (USE BACK OF FORM IF NECESSARY):