

## APPLE VALLEY GUN CLUB INCIDENT/CLOSE CALL/OTHER REPORT

This form must be completed as soon as possible after any incident or close call that occurs on AVGC property

**Incident: Personal Injury or property damage occurred.**  
**Close Call: A potential of injury or property damage was present.**  
**Other: A Non-Safety Issue**

Reporting Party's Name		Report Date	
Name of Parties Involved		Event Date	
Witness Names	1	Phone	
	2	Phone	
	3	Phone	
Incident/Close Call/Other Location		Time	
Name of Event (i.e. Jr. Rifle, Women on Target, Open Trap Shoot)			

Note: If you are reporting an incident, please provide the following:

Name of Club Official Notified		Date and Time	
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Was the event Open to the Public?      Yes \_\_\_ No \_\_\_

Medical Attention Required?    Yes \_\_\_ No \_\_\_      Not Known \_\_\_

Was Injured Party a Club Member?    Yes \_\_\_ No \_\_\_      Not Known \_\_\_

If above party is not a Club Member, please provide name of the responsible Member present: \_\_\_\_\_

Please describe First Aid/Medical Treatment administered on site: \_\_\_\_\_

Name of Person administering First Aid/Medical Treatment: \_\_\_\_\_

Was ambulance called? If so, provide name of Ambulance Co.: \_\_\_\_\_

If known, name of medical facility the injured party was taken to: \_\_\_\_\_

Please provide details of the Incident/Close Call/Other:

  
  
  
  
  
  
  
  
  
  

Additional comments/observations/etc. can be placed on the back of this form.