

CCR&P Accident and Incident Report

Revised December 2016

This form shall be filled out when there is an accident or incident on CCRP property.

Incident/Accident _____

Range _____

Event _____

Date _____ Time of Incident _____

Action Taken:

Witness's Name _____ Date/Time _____

Witness's Phone _____

Witness's Name _____ Date/Time _____

Witness's Phone _____

Witness's Name _____ Date/Time _____

Witness's Phone _____

RANGE OFFICER (print name) _____

Signature of Range Officer _____