Candle Lake Sportsman's League
Incident Report

Date: _____ Time: _____

Reported by:

_____ _____ _____

name membership # phone #

RO / Supervisor on duty: _____

Location _____

bay/lane/area

Type of incident (check all):

☐ Injury ☐ ND ☐ Rule Violation ☐ Property Damage ☐ Threats ☐ Impairment / Other

Description of event (facts only, timeline): _____

_____

_____

_____

_____

Firearms involved (type, action, caliber) and ammo (if known): _____

_____

_____

Immediate actions taken (cease fire, first aid, removal, etc.): _____

_____

_____

Injuries (who, nature, treatment) EMS called Y ☐ N ☐ _____

_____

_____

Property damage (List) Photos Y ☐ N ☐ _____

_____

_____

Witnesses (names/contacts; attach statements):

_____

_____

_____

_____

Notifications made (Executive, police, CFO, insurance—who/when):

_____

_____

_____

_____

RO recommendations / temporary actions:

_____

_____

_____

_____

Executive outcome (suspension/termination/corrective actions):

_____

_____

_____

Signatures:

_____	_____	_____
Reporter	RO	Executive Incident Lead