

INCIDENT REPORT FORM

DEVILS LAKE BLUELINE

Today's Date: _____

Date of incident: _____

Name of Person Making Report: _____

Phone Number of Person Making Report: _____

E-mail Address of Person Making Report: _____

Names of Person(s) Involved in Incident: _____

Location of Incident _____

Witness(s) to Incident: _____

Description of Incident: _____

(cont. on back if necessary)

Please submit copy ASAP to:

Devils Lake Blue Line

Attn: President

Po Box 125

Devils Lake, ND 58301

Signature of Person Making Report