



PISTOL NEW ZEALAND

INCIDENT REPORT FORM

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| Name of Club: | |
| Telephone Contact: | |
| Name of Contact: | |
| Name of Person Injured: | |
| PNZ Membership Number: | |
| Firearms Licence Number: Pistol Endorsement: Yes/No Date of expiry: | |
| Date of Joining: | |
| Admin only: Holster number: (if appropriate) Date holster qualification obtained: | |
| Members Experience: (Include qualifications, I.E. Range Officer, Holster etc.) | |
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| Date of Incident: | |
| Did the Incident involve a holster: Yes / No | |
| Description of the Incident: (Where did it take place, time of Incident, date of Incident) | |
| | |
| What happened just prior to the Incident: (Use diagrams and photos if appropriate) | |
| <p><i>Include details such as:</i></p> <p>1) Was there an immediate supervisor / RO?</p> <p>2) Was it a competition match / drill / training / during a holster course?</p> <p>3) If a holster was involved, was the firearm made safe prior to holstering? (i.e.: safety put on or firearm de-cocked? If de-cocked describe how this was done?)</p> | |
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What happened during the Incident: (Use diagrams and photos if appropriate)

What happened just after to the Incident: (Use diagrams and photos if appropriate)

Include details such as:

1) *How did the injured person notify the supervisor / RO?*

Describe the equipment used:

Include details such as:

1) *Firearm: make, model, calibre*

2) *If applicable: Holster: make, model*

Was there a mechanical error with the equipment? Yes/No (if yes, please give details)

Has the equipment seen sent for inspection? Yes/No (if Yes, to whom and when)

Injured member statement (if possible)

Witness statement No1 (Please include Name of Witness and membership Number)

Witness Statement No 2 (Please include Name of Witness and membership Number)

Was there a First Aid/Trauma kit available on the range? (Yes or No)

Was the First Aid Kit/Trauma used for this Incident? (Yes or No)

Have the club reported the Incident to the: (Please indicate Date and Time)

Police: (Whom was the person informed – Name and Police ID Number)

PNZ:

Other:

Date the Range was Last Certified?

Date of Range Standing Orders on the range:

Signed:

Position In Club:

Date:

Office Use ONLY: PNZ Evaluation Report

**THIS FORM MUST BE SENT TO THE PNZ EXECUTIVE OFFICER AS
SOON AS POSSIBLE AFTER THE INCIDENT, INCLUDING ANY AND ALL
STATEMENTS, PICTURES AND DIAGRAMS**