



SLCFSA INCIDENT REPORT

Incident Date & Time: _____ Unsafe Condition Rules Infraction Suspicious Activity Injury

Name of Person Filing Report: _____ **Phone Number:** _____

Was 911 called? Yes No If Yes, Police Fire Ambulance

Were Photos Taken? Yes No **By Whom?** _____

Description of what happened (please be detailed):

Where:

Weather Conditions:

Who:

What/How:

Witnesses – list names and contacts:

License plate numbers, vehicle description:

**Please mail this Incident Report to: SLCFSA President, P.O. Box 182, New Providence, PA 17650
Please also call the SLCFSA President as soon as possible to report the incident.**