



PUBLIC INCIDENT REPORT

(See DNR Administrative Procedure 6.8-1).

If this accident required the use of an Automated External Defibrillators (AED), the R 7223, Reporting the MDNR Use of Automated External Defibrillators (AED), must also be completed

- Personal Injury
 Property Damage
 Complaint
 Other

BUREAU/DIVISION/OFFICE	FACILITY (i.e. park, access site, hatchery name)	DATE OF INCIDENT	TIME	REPORT NO.
FACILITY ADDRESS		EXACT LOCATION OF INCIDENT WITHIN FACILITY		
NAME, ADDRESS, AGE OF PERSON(S) INVOLVED				TELEPHONE NUMBER(S)
				() -
				() -
				() -

DETAILS OF INCIDENT (Include number of persons involved, weather information, license numbers, type of vehicle or equipment, etc.)

Attachment C

WHAT CONDITION(S) OR HAZARD(S) CAUSED INCIDENT

ACTION TAKEN (Use reverse side, if needed)

WITNESS(ES)	Name(s)	Address(es)	And	Telephone Number(S)	Statements
				() -	<input type="checkbox"/> Statement attached
				() -	<input type="checkbox"/> Statement attached
				() -	<input type="checkbox"/> Statement attached
				() -	<input type="checkbox"/> Statement attached
				() -	<input type="checkbox"/> Statement attached
				() -	<input type="checkbox"/> Statement attached

FIRST AID RENDERED (Explain how) BY WHOM (include telephone number)

DOCTOR OR HOSPITAL REFERRED TELEPHONE NO. LAW ENFORCEMENT AGENCIES RESPONDING TO CALL

ESTIMATED MATERIALS LABOR TOTAL COST TOTAL STAFF TIME INVOLVED

DAMAGE REPAIR COSTS \$ \$ \$ 0.00

DNR EMPLOYEES INVOLVED Name(s)	Telephone Number(S)	DNR EMPLOYEES INVOLVED Name(s)	Telephone Number(S)
	() -		() -
	() -		() -
	() -		() -

REPORTING EMPLOYEE'S SIGNATURE DATE FACILITY MANAGER'S SIGNATURE DATE