

Etnyre Initial Incident Report

Etnyre Machine Model	<input type="text"/>	Location of Incident	<input type="text"/>
Etnyre Serial Number	<input type="text"/>	Road	<input type="text"/>
Date of Incident	<input type="text"/>	Town or City	<input type="text"/>
Time of Incident	<input type="text"/>	County	<input type="text"/>
		State	<input type="text"/>

Name of person(s) injured

Description of injuries

Description of Incident

	Witnesses Name	Address	Phone
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>

Present Location of Machine

Present Owner of Machine

Person Filing Report

Address Phone

Signature Date

Please call E.D. Etnyre & Co. immediately at 800-995-2116 with this report or FAX it to 815-732-4700

Attention: Customer Service Manager