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Example content:

Incident No: [REDACTED]		Report Date:	
[REDACTED]	Company:	Fax Number:	
	Address:		
	Contact:	Phone:	
[REDACTED]	Company:	Fax Number:	
	Address:		
	Contact:	Phone:	
Origin Code: [REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Fire:	Injury:		
Damage:	Estimated Loss:		
[REDACTED]			
Resolved by:	[REDACTED]	Close-Out Date:	[REDACTED]

By filling this form, I consent to (Name of Company) collecting and using the information provided by me on this form strictly to conduct investigations into the product incident described. If appropriate and applicable, I understand that it is my responsibility to obtain the consent of individuals whose personal information I am disclosing to (Name of Company)