

# Incident Form



Time:

Date:

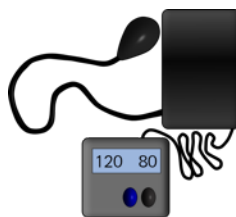
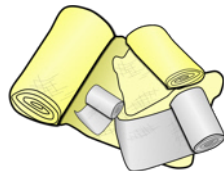
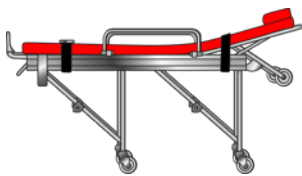
Incident:

Where:

Other emergency services? (circle)



Equipment needed (circle):



Signed:



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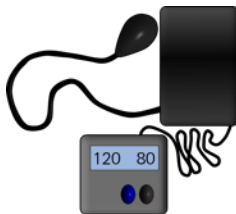
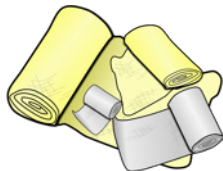
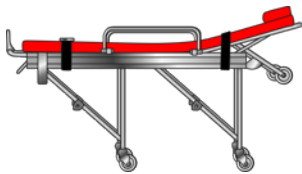
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Signed:

