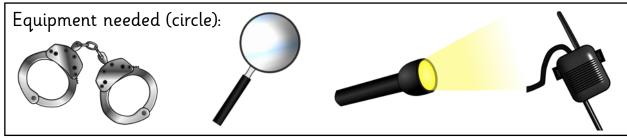
Incident Form 2112



Time:	
Date:	
Incident:	
Where:	
Other emergency services? (circle)	
AMBULANCE STATEMENT OF THE PROPERTY OF THE PRO	×





Signed:

