

Incident Form



Time:

Date:

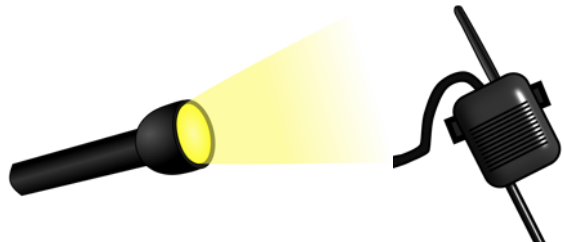
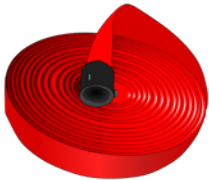
Incident:

Where:

Other emergency services? (circle)



Equipment needed (circle):



Signed:

