Incident Form

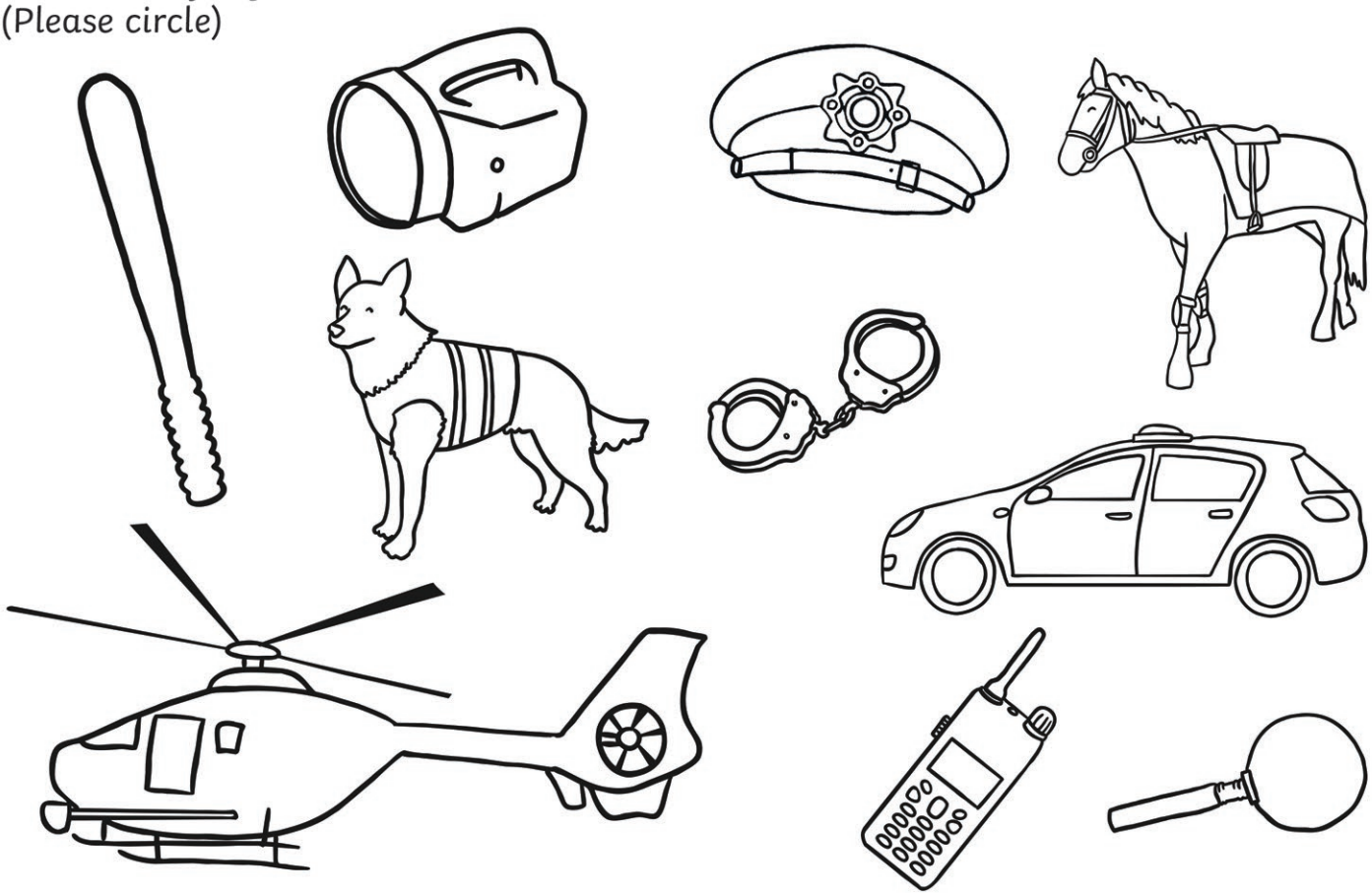
Date _____ **Time** _____

Type of Incident _____

_____

Location _____

What equipment is needed?
(Please circle)



Other emergency services required

_____

Signed _____