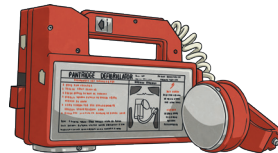
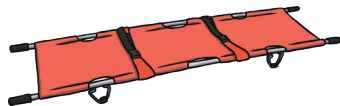


Incident Form



Date:	
Time:	
Type of Incident:	
Location:	

What equipment is needed? (Please circle)



Other emergency services required

Signed _____