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Incident Form

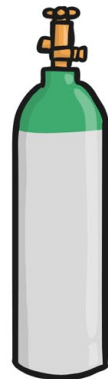
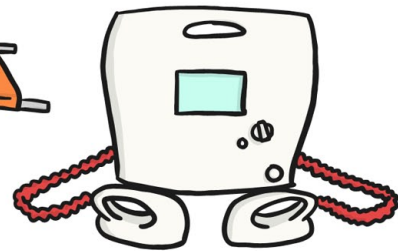
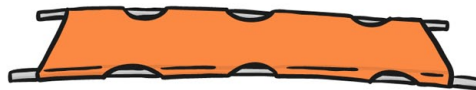
Date _____

Time _____

Type of Incident _____

Location _____

What equipment is needed?
(Please circle)



Other emergency services required

Signed _____