

Appendix PS1-B Incident Report

Date: _____ Dispatch Time: _____ AM/PM

Type of Incident (circle): Fire MVC Alarm

Fire Department Attendees:

_____	_____
_____	_____
_____	_____
_____	_____

Location: _____

Owner/Resident (if applicable): _____

Fire: Structure / Wildland Fully Involved: Yes / No Color of Smoke: _____

Were flames hard to extinguish: Yes / No

Incident Description:

Equipment Used:

Water Usage: _____

MVC Vehicle Description:

Make: _____

Model: _____

(see next page)

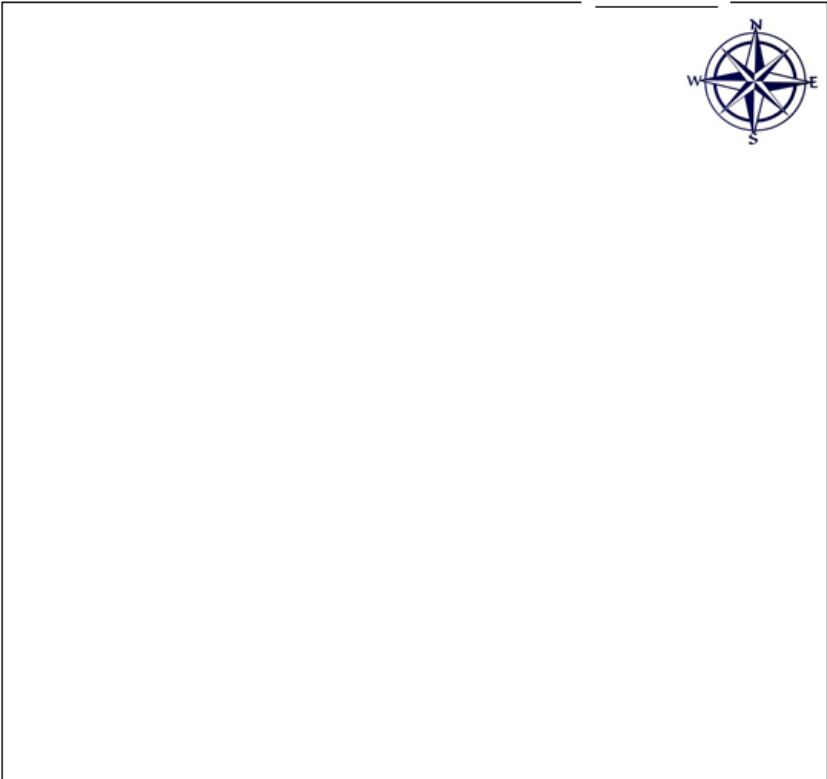
Vehicle Year: _____

Vehicle Registered to: _____

MVC Scene Reconstruction:

RCMP Attended: Yes / No

Equipment Used:



Signature: _____