Date:/Time:Station:	Report ID (Call-S/N):
Type: Medical: Fire: Police: Other:	Location:
Summary:	
Reporters Info (Do NOT Transmit Name):	Address:
Name:	
Phone:	City:
Medical:	
Patient Info: Age: Gender:	Chief Complaint:
Name (Do NOT Transmit):	Other Symptoms:
Conscious: Breathing: Bleeding:	
Chest Pain: Numbness in Arm:	Allergies:
Fire Department:	
Fire: Size:	Details:
What is burning:	
	Where Not Evacuated:
All Evacuated: Number Not Evacuated:	Non-Ambulatory:
Gas Smell: Gas Main Hit: Size of Pipe:	All Evacuated: Number Not Evacuated:
Hissing: Hit By What:	Where Not Evacuated:
Gas Shut Off: Where:	Non-Ambulatory:
Power Lines: STAY AWAY FROM ALL DOWNED LINES	Tree/Branch On Line: Tree Down:
Details:	Sparking: Smoking: Injuries (Fill Med):
	Power Out in Area: Type of Line Down:
Accident: Vehicle vs: Rollover:	Details:
# Vehicle: Lane(s) Blocked: Injuries (Fill Med):	
Trapped in Vehicle: #: Loc in Veh:	
More Details:	
Report Taken By:	Callsign:
Signature:	Run Number (from Netcom):

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Sheet ____ of ____

Emergency Reporting Date:/Time:Station:	Report ID (Call-S/N):
Type: Medical: Fire: Police: Other:	Location:
Summary:	
Reporters Info (Do NOT Transmit Name):	Address:
Name:	
Phone:	City:
Police Department:	
What Happened:	
	Safe now: Theft: What Stolen:
Weapons:	Direction/Mode:
Person 1: Role:	Person 2: Role:
Race: Sex: Age: Height:	Race: Sex: Age: Height:
Weight: Hair color: Length: Facial:	Weight: Hair color: Length: Facial:
Clothes:	Clothes:
Other:	Other:
Car 1: Role:	
Make: Model:	Make: Model:
Color:License:	Color:License:
Year: Body Style: Other:	Year: Body Style: Other:
Other/More Details:	
Report Taken By:	Callsign:
Signature:	Run Number (from Netcom):

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