

## Oswego Town Fire/Rescue Incident Reporting Form

Date \_\_\_\_\_ Incident Address \_\_\_\_\_

Incident # \_\_\_\_\_ SUNY Building \_\_\_\_\_ Officer in Charge \_\_\_\_\_

Apparatus 3401 3402 3403 3404 3411 3412 3413 3462 3471 3472 Ops Trailer

Incident Type \_\_\_\_\_ Action Taken \_\_\_\_\_ Property Use \_\_\_\_\_ Dispatch Level - A B C D E

Notes \_\_\_\_\_

Extrication required - Y N

Times	Drivers
Dispatched _____	3411 _____
First Unit Responding _____	3412 _____
First Unit Arrived _____	3413 _____
Cancelled _____	3462 _____
Available _____	3471 _____
	3472 _____

Mutual Aid	GIVEN	RECEIVED
Fair Haven (A) 06006	Victory (A) 06024	Cody (A) 38007      Granby (A) 38010
Minetto (A) 38015	Oswego City 38018	Hannibal 38012      Scriba 38027
Volney 38028	Other _____	

**Property Owner/Patient #1**

EMT \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_ ALS - BLS - Refusal

Name \_\_\_\_\_ Address \_\_\_\_\_

**Patient #2**

EMT \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_ ALS - BLS - Refusal

Name \_\_\_\_\_ Address \_\_\_\_\_

**Patient #3**

EMT \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_ ALS - BLS - Refusal

Name \_\_\_\_\_ Address \_\_\_\_\_