

## Oswego Town Fire/Rescue Incident Reporting Form

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

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

Apparatus 3401 3402 3403 3461 3462 3471 3412 3421 Ops Trailer

Incident Type \_\_\_\_\_ Action Taken \_\_\_\_\_ Property Use \_\_\_\_\_

Notes \_\_\_\_\_

**Times**

**Drivers**

Call Received \_\_\_\_\_ 3462 \_\_\_\_\_

First Unit Responding \_\_\_\_\_ 3461 \_\_\_\_\_

First Unit on scene \_\_\_\_\_ 3412 \_\_\_\_\_

Cancelled \_\_\_\_\_ 3421 \_\_\_\_\_

End of call \_\_\_\_\_ 3471 \_\_\_\_\_

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
Other _____			

**Property Owner/Patient #1**

EMT \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_

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

**Patient #2**

EMT \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_

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

**Patient #3**

EMT \_\_\_\_\_ Hospital \_\_\_\_\_ Ambulance \_\_\_\_\_

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