



CITRUS COUNTY FIRE RESCUE

INCIDENT REPORT

Incident Number (Assigned by Administration):

Location of Incident:

Date of Incident:

Time of Incident:

Date of Report:

Type of Incident: **Fire** **Medical** **Other (explain):**

Units Involved:

Witness(es):

Other Agencies:

Description of Incident:

Use the Sheet: "Additional Incident Description" if additional space is needed

Result of Incident:

Action Taken by Reporter:

Reporter Signature:

Date:

Printed Name of Reporter:

Action(s) Taken by Captain/Lieutenant (if other than reporter):

Date and Time Received by Captain/Lieutenant (if other than reporter):

Date:

Time:

Signature of Captain/Lieutenant:

Printed Name of Captain/Lieutenant:

Date forward to Fire Rescue Administration:

Date received by Fire Rescue Administration:

Printed name of recipient:

Signature of recipient:

Date Signed:

Action Taken:

Action Taken By: (Printed Name)

Signature:

Date: