



**Charles County Government  
Department Of  
Emergency Services,  
EMS Division**  
*Incident Reporting Form*

**Date:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

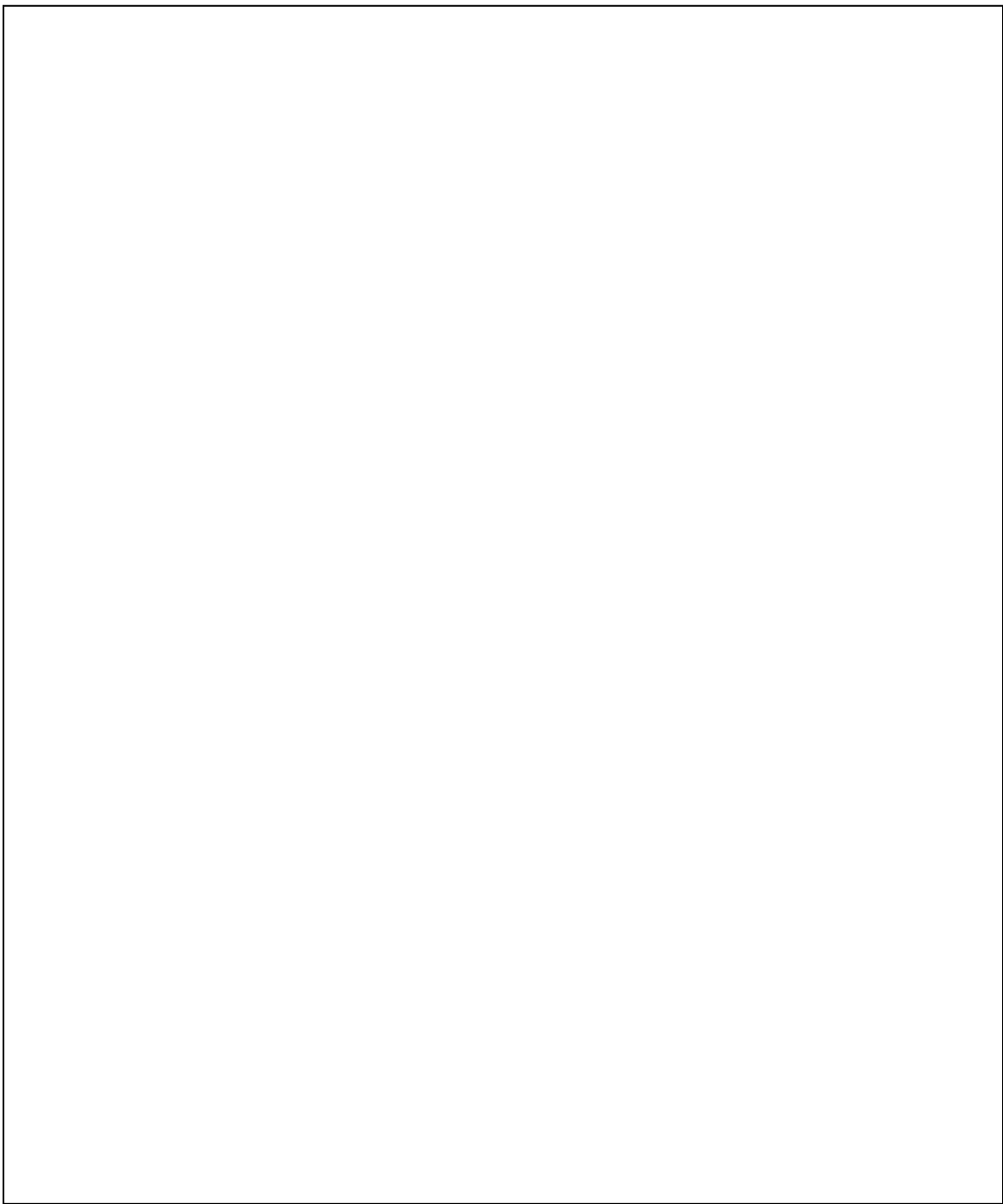
**Call Number (if applicable):** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

**Parties/Personnel Involved:** \_\_\_\_\_

**Reference:** \_\_\_\_\_

**In your own words, describe below the pertinent accounts that superceded the writing of this report. You may use the space below and on the attached page, if more space is required, an additional attachment is prudent. Be sure to sign this document when it has been completed.**



**Print your name/s here:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witness name/s:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Witness name/s:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

