

# Franklin County Fire District #3

## Damage of Departmental Equipment Form

Complete this form and notify the District Safety Officer.

### Reporting Party Information

Name:	Date of Incident:	Time of Incident:
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Names of Witnesses:
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### Incident Information

What was damaged:
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Location of the incident:
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What could have been done to prevent the damage:
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Reporting Party Narrative:
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Was the Duty Officer notified (if no why not)?
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Were there personnel injuries?
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Was there private property damage?
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Electronically Signed

Date of Report