

FIRE POLICE INCIDENT REPORT

Berks Communications Incident # _____
(If Needed)

Date of Incident: Month _____ Date _____ Year _____

Time of Dispatch _____ Time of Return _____

Total Time in Service: Hours _____ Minutes _____

Total Man Hours of Incident: Hour(s) X Officer(s) = _____ Hours

Location of Incident _____

Type of Incident _____

Unit Number(s) of Officer(s) in Service

Equipment Used (Circle Info)

Radios Flares Traffic Cones Signs Barrier Tape Traffic Unit

Other _____ Other _____ Other _____

Weather Conditions (Circle Info)

Clear Rain Fog Snow Ice

Visibility (Circle Info)

Good Poor

Report Prepared By: _____ Date _____ / _____ / _____
(Place Additional Comments on Back)