



Washington County Rescue Services, Inc.

P.O. Box 783
Johnson City, TN 37605



INCIDENT REPORT FORM

Date: ____/____/____ Location: _____

Trip #: _____ Units: Primary: _____

Secondary: _____

Command: _____ Secondary: _____

Safety: _____ Secondary: _____

Team Responding: Medical Search & Rescue Dive
Haz-Mat Technical Rescue Other _____

Times: Received: _____ Dispatched: _____
Page 1: _____ Page 2: _____
En-Route: _____ On Scene: _____
Cmd. Est: _____ Contact: _____
Clear: _____ Quarters: _____

Person Completing Report: _____ ID#: _____ Title: _____

Reporting Party:

Name: _____ Date of Birth: ____/____/____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Victim/Patient:

Name: _____ Male: Female: Age: _____

Race: Caucasian Hispanic Black Other: _____

COMMAND CHART

Incident Commander

		Safety Officer _____	
		PIO _____	
Planning	Operations	Finance	Liaison
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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INCIDENT REPORT FORM

INCIDENT DIAGRAM

