

Oswego Town Fire Department Incident Reporting Form

Date: _____ **Incident #:** _____ **Incident Address** _____

Name: _____

Mutual Aid - GIVEN RECEIVED

Address: _____

Conquest - 06029 Fair Haven - -6006

Ira - 06010 Victory - 06024

Minetto - 38015 Hannibal - 38012

PCR#: _____

Oswego City - 38018 _____

Incident Type:

321 EMS House Call 444 Wires down
 322 MVA w/injuries 521 Cellar Pump
 352 MVA w/extric. 554 Patient Assist
 463 MVA cleanup 631 Controlled burn
 743 Alarm Activation 111 Building Fire
 611 Dispatched, Cancelled enroute
 571 Standby/Move-up (RIT)

Action Taken:

11 Extinguished
 20 Rescue (MVA w/injuries)
 30 EMS
 45 Remove Hazard (wires/trees/etc)
 91 Fill in/Move up 92 Standby
 93 Cancelled Enroute

Property use:

961 Highway (Rt 104)
 962 Residential Street
 419 1 or 2 family house
 429 Multi-family house
 400 Residential other
 UUU Undetermined

Notes: _____

Please circle care provided:

OTVFD - ALS BLS
 Ambulance - ALS BLS

Disposition (i.e. Oswego Amb to Oswego ER)

Apparatus used:

3462		3461
3411		3412
3471	Jet Ski	Spec Ops
3401	3402	3403

Officer in Charge: _____

EMT in Charge: _____

Patient #2

Name _____
 Address _____

 PCR# _____
 Sent to _____

Times

Call Received _____
 Enroute: _____
 Cancelled: _____
 On Scene: _____
 Cleared Scene: _____

Patient #3

Name _____
 Address _____

 PCR# _____
 Sent to _____

Drivers

3462 _____
 3461 _____
 3411 _____
 3412 _____
 3471 _____