

# LANCASTER COUNTY-WIDE COMMUNICATIONS

## INCIDENT REPORT FORM

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

**Incident Occurred on:**

Radio Frequency \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
9-1-1 \_\_\_\_\_  
Med Channel \_\_\_\_\_  
Other \_\_\_\_\_

**\*If Radio Problem, Please Explain Below:**

Explanation of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **OVER ( )**

Signature of Person Reporting Incident \_\_\_\_\_

Department \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Signature of Chief or Authorized Dept. Rep. \_\_\_\_\_

**Upon Completion of this form, please forward copies to:**

Lancaster County-Wide Communications  
Attn: Director of Communications  
P.O. Box 487  
Manheim, PA 17545-0487

**and**

Radio Advisory Committee  
Representative

NOTE: This form may be reproduced.