

Faulkner Co. Emergency Squad

Date: _____ Location: _____ Report By: _____

Officer On Scene: Yes ___ No ___ # ___ Run # _____

Call Time: _____ 10-96: _____ 10-97: _____ 10-98: _____ 10-22: _____

Transport Times: 10-96: _____ 10-97: _____ 10-98: _____

Members: _____

On Scene: _____

Emergency: ___ Non-Emergency ___

Run Type: MVA: _____ Corner: _____ Dive Operation: _____

Medical: ___ Transport: _____ Recovery: _____

Structure Fire: ___ Search: _____ Other: _____

Event: _____ Water Rescue: _____

Other Agencies: _____

On Scene: _____

Fax # 501-329-7262

Detailed Incident Information:
