



Charles County Government
Department Of
Emergency Services,
EMS Division
Incident Reporting Form

Date: _____ **Time of Incident:** _____

Call Number (if applicable): _____

Location of Incident: _____

Parties/Personnel Involved: _____

Reference: _____

In your own words, describe below the pertinent accounts that superceded the writing of this report. You may use the space below and on the attached page, if more space is required, an additional attachment is prudent.

Witness Name / Phone number: