

**Campbell County Department of Public Safety
Communications Incident Report Form**

Agency _____ Date _____

Approximate time of incident _____

Describe the incident _____

The EMS Captain or Fire Chief of the agency submitting the report must sign the report.

Report Submitted by _____

Title _____ Date _____

----This section to be completed by DPS staff ----

Date report received _____

Report received by _____

Describe findings and actions taken _____

This form shall be submitted to the Department of Public Safety, PO BOX 500, Rustburg, VA 24588. Responses shall be made within seven (7) days. If you have any questions please call 332-9540