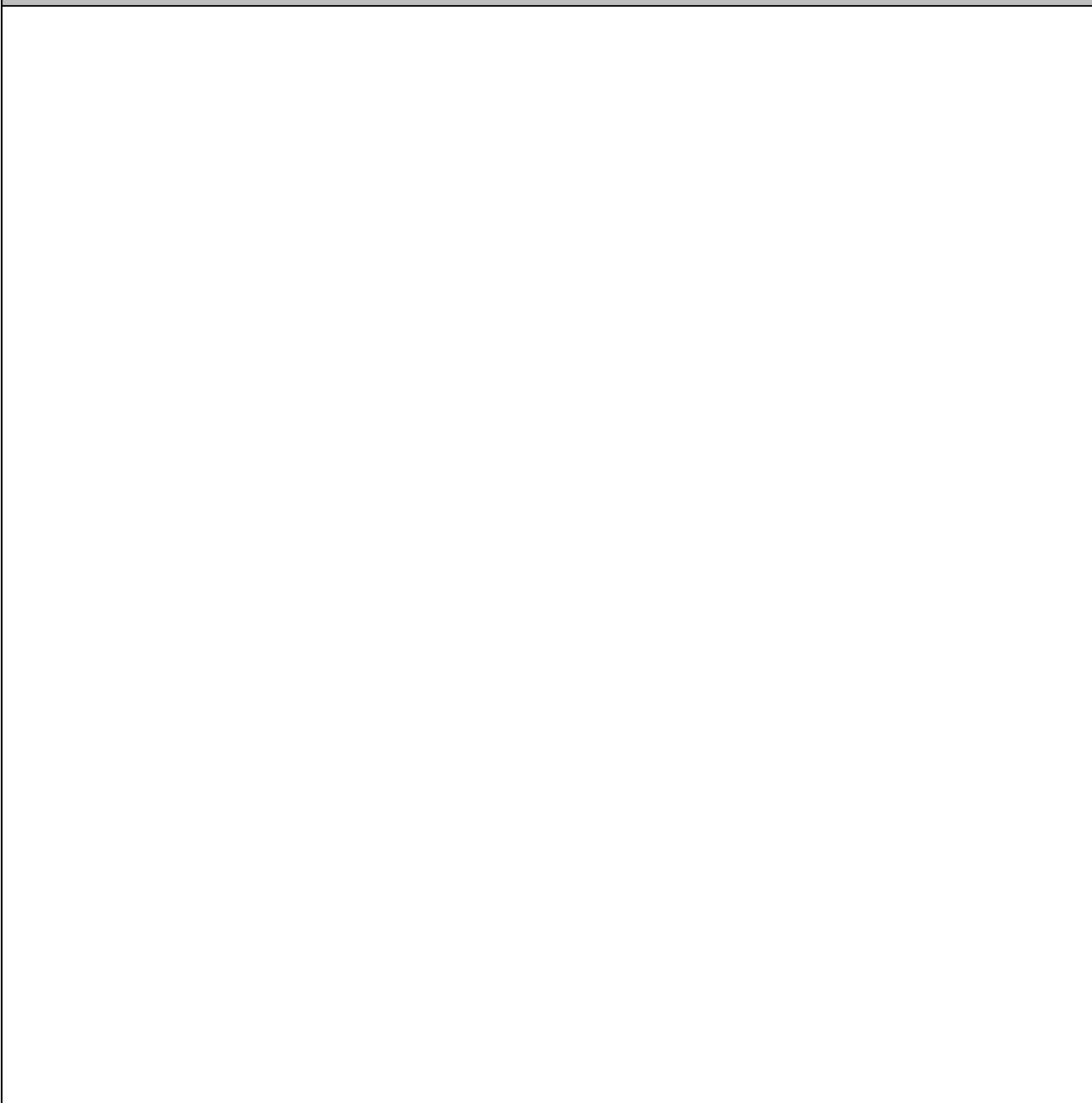


INCIDENT REPORT FORM

Diagram of Incident



Department Manager Acknowledgement

Name		Date	
Signature			

Causal DAS completed **Yes** **No**