



County of Louisa
Department of Fire and EMS

Incident Report

Nature of Incident: _____ **Date of Incident:** _____

Completed By: _____ **Date:** _____

Asst. Chief ,SDO, Other Personnel Notified: _____

Incident Details:

Supervisory:
(Action Taken):

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

Illustration/Description of Incident:

North