

# UNUSUAL INCIDENT REPORT SAN MATEO-SANTA CRUZ UNIT

DATE:	TIME:	INCIDENT #
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LOCATION:
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DISPATCHER:
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RESOURCES DISPATCHED:
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NATURE OF CALL:
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SYNOPSIS AND DETAILS:
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NAME OF REPORTING OFFICER:
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ACTION TAKEN / SUPERVISOR REVIEW:
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DUTY CHIEF ACTION:
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*ROUTE THIS FORM TO YOUR BATTALION CHIEF FOR REVIEW PRIOR TO SENDING TO ECC*