

# AMHERST FIRE CHIEFS' ASSOCIATION INC.



EAST AMHERST FIRE DEPT.  
EGGERTSVILLE HOSE CO.  
ELLICOTT CREEK VOL. FIRE CO.  
GETZVILLE FIRE CO.  
MAIN TRANSIT FIRE DEPT.

NORTH AMHERST FIRE CO.  
NORTH BAILEY FIRE CO.  
SNYDER FIRE DEPT.  
SWORMVILLE FIRE CO.  
WILLIAMSVILLE FIRE DEPT. /  
HUTCHINSON HOSE CO.

## EMS ADVISORY COMMITTEE INCIDENT REPORT

**Fire Department:**

\_\_\_ East Amherst \_\_\_ Eggertsville \_\_\_ Ellicott Creek \_\_\_ Getzville \_\_\_ Main-Transit  
\_\_\_ North Amherst \_\_\_ North Bailey \_\_\_ Snyder \_\_\_ Swormville \_\_\_ Williamsville

**Officer Registering Report:** \_\_\_\_\_ **Date of Report:** \_\_\_/\_\_\_/\_\_\_

**AFC Incident Number:** \_\_\_\_\_ **Location of Incident:** \_\_\_\_\_

**Ambulance Crew Number:** \_\_\_\_\_ **Area Supervisor:** \_\_\_\_\_

**Crew:** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Complaint/Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ambulance Service Contacted:** \_\_\_/\_\_\_/\_\_\_ **Meeting Date:** \_\_\_/\_\_\_/\_\_\_

**Ambulance Service Representative:** \_\_\_\_\_

**Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_ **Disposition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return Completed Report Michael Parker: [michael.parker@ecvfd.org](mailto:michael.parker@ecvfd.org) or FAX: 691-7477