Winchester Fire and Rescue Department

PRE-EMPTION MALFUNCTION REPORT

Date: _____ Time: _____

Location: _____

Weather Condition: _____

Unit/Vehicle ID: _____

Reporting Official's Contact Information:

Fire Company: _____

Name: _____

Phone: _____ Cell Phone: _____

Shift: _____

Direction of Approach:

_____

_____

Details of Malfunction:

_____

_____

_____

_____

_____

RETURN ALL FORMS TO THE OFFICE