VICTIM INJURY/ILLNESS LOG	INCIDENT	OPERATIONAL PERIOD	TF 206V
NAME	POSITION	TASK FORCE	ASSIGNMENT

DISPOSITION:
1 — Treated and released 2 — Transported to Hospital 3 — Pronounced Dead

VICTIM #	DATE/TIME	DATE FIRST REPORTED	NAME (Last, First, Middle)	COMPLAINT	TREATMENT	TRANSPORTED/ TRANSFERRED TO	DISP. (1 - 3)