

Incident Number: _____
Date: _____ Time: _____



WEST

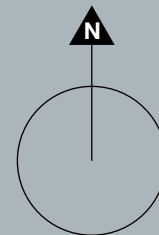
EAST



Street Name: _____

SOUTH

NORTH



Street Name: _____

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Diagram not to scale