WEST SHORE BUREAU OF FIRE
Monthly Incident Report - September 2016

DEPT.INC.#	CTY.INC.#	DATE	BOX #	TYPE OF ALARM	ADDRESS	TIME	FF	JR	FP	MISC	TOTAL	HOURS	MILES	PUMP	O.I.C.	DEPT.INC.#
16381											0	0				16381
											0	0				0
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DEPT.INC.#	CTY.INC.#	DATE	BOX #	TYPE OF ALARM	ADDRESS	TIME	FF	JR	FP	MISC	TOTAL	HOURS	MILES	PUMP	O.I.C.	DEPT.INC.#

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CTY.INC.#	DATE	DAY	DISP.	HOSE USED	FIRE LOSS	FF INJ.	COMP. T.	HP FILLED	MP FILLED	LP FILLED	OTHER	AID GIVEN	AID REC'D
0	1/0/1900												
0	1/0/1900												
0	1/0/1900												
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CTY.INC.#	DATE	DAY	DISP.	HOSE USED	FIRE LOSS	FF INJ.	COMP. T.	HP FILLED	MP FILLED	LP FILLED	OTHER	AID GIVEN	AID REC'D

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					0	0	0	0	0	0	0	0	0
					0	0	0	0	0	0	0	0	0