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# U. S. ARTILLERY RESERVE MEDICAL DEPARTMENT

## INCIDENT REPORT.

on the ..... day of ......

## Artillery Head-Quarters Medical Incident Report

### MEDICAL DEPARTMENT

#### REPORT NO.1

RESPONSE & CARE DESCRIPTION:  RESPONSE & CARE DESCRIPTION:	DATE	Тіме	Location	Name	Doв	Address	PHONE		
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MEDICAL INCIDENT REPORT NO.1 ARTILLERY RESERVE, ARMY OF THE UNITED STATES REPORT IS TO BE MADE IN DUPLICATE. A COPY IS TO BE SENT TO FEDERAL HQ. A SEPERATE COPY IS TO BE KEPT WITH THE ARTILLERY RESERVE FOR RECORDS.

PATIENT: \_\_\_\_\_\_

REPORT SUBMISSION BY: \_\_\_\_\_

CHIEF MEDICAL OFFICER: \_\_\_\_\_