

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

1. Incident Name:	2. Incident Number:	3. Date/Time Prepared: Date: _____ Time: HHMM	4. Vehicle/Equipment Category:
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5. Vehicle/Equipment Information											
Order Request Number	Incident ID No.	Vehicle or Equipment Classification	Vehicle or Equipment Make	Category/ Kind/Type, Capacity, or Size	Vehicle or Equipment Features	Agency or Owner	Operator Name or Contact	Vehicle License or ID No.	Incident Assignment	Incident Start Date and Time	Incident Release Date and Time

ICS 218	6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
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