|  |  |
| --- | --- |
| **Radio User:** |       |
|  |  |
| **Vehicle # or Unit ID:** |       |
| **Location when problem arises:** |       |
| **Date / Time of Issue:** |       |
|  |  |
|  |  |
|  |  |
|  |  |
| **Talk Group / Channel:****Radio Type:** |      [ ]  Portable [ ]   Mobile [ ]  Console |
|  |  |
| **Narrative:** |                 |
|  |  |