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