



**Caroline County Department of Fire/Rescue  
& Emergency Management  
Haz Mat Incident Reimbursement Form**

Date and Time of Incident: \_\_\_\_\_

Incident Number: \_\_\_\_\_

Location: \_\_\_\_\_

**Responsible Party Information**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Telephone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Telephone: \_\_\_\_\_

Driver's Name/Contact Information: \_\_\_\_\_

Driver's Telephone: \_\_\_\_\_

**Fire/Rescue Information**

Units Responding:

- Co. 1     Co. 4     Res 1  
 Co. 2     Co. 5     Res 2     Regional Haz Mat Team  
 Co. 3     Co. 6     Res 5

Incident Command Officer: \_\_\_\_\_ Agency: \_\_\_\_\_

Summary of Incident: \_\_\_\_\_

List all supplies/equipment that were used:

Item	Quantity Used	Size
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Driver / Owner:** \_\_\_\_\_

**Person submitting this report:** \_\_\_\_\_ Agency: \_\_\_\_\_

Please submit this form to Fire & Rescue Administration for reimbursement!