

FLORIDA HIGHWAY PATROL AUXILIARY
LIMITED SCOPE PATROL – INCIDENT LOG
Troop “F” – Clewiston Station

FHP # _____ **Name:** _____

Ending Mileage _____
Starting Mileage _____
Total Mileage _____

Date: _____ **Shift - From:** _____ **To:** _____ **Total Hours:** _____

#	LOCATION	TIME	INCIDENT	REMARKS
1				
2				
3				
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