solo auditor:	BTCC§1	DATE: /	1

## **CLUSTER-MAKING INCIDENT LIST**

Assess this list to the first read. Indicate the type of incident.

Was this Cluster formed by ...

AN ACCIDENT?	
A COLLISION?	
AN IMPACT?	
BEING SHOT?	
AN INJURY?	
A FIRE?	
AN EXPLOSION?	
A SHOCK?	
A CRASH?	
AN IMPLANT?	
AN ILLNESS?	
AN IMPLOSION?	
A PICTURE?	
FREEZING?	
BURNING?	
HEAT?	
ELECTRICAL?	
A DRUG?	
A PSYCHIATRIC INCIDENT?	
LIGHTNING?	
A VACUUM?	
RADIATION?	
something else?	
	( get what it was)