RACES INCIDENT REPORTING FORM

Instructions On Reverse

Revised 08/02/2016

Date: (MM/DD/YY)	Situation Severity (✓one)	Msg. Handling Order (✓one)	Message Number
___/___/___	❏ **EMERGENCY** (e.g., Life Threat)	❏ **IMMEDIATE** (As Soon as Possible)	**Your #** _____
Time: (24 hour clock) _____ **0001 to 2400** 2:OO PM = (12+2) = 1400 Hrs	❏ **URGENT** (e.g., Property Threat) ❏ **OTHER** (All others)	❏ **PRIORITY** (Less Than One Hour) ❏ **ROUTINE** (More Than One Hour)	**Senders #** _____ **or** **Receivers #** _____ (One not both)

Address: 1 [_____]

Apt.: 2 [_____] Building: 3 [_____] Cross Street: 4 [_____]

Common Place Name: 5 [_____]

Person Reporting: 6 [_____]

Phone: 7 [_____] Ext.: 8 [_____]

Vehicle License Plate: 9 [_____] State: 10 [____]

Make: 11 [_____] Model: 12 [_____] Color: 13 [_____]

Issue Reported/
Action Requested: 14 [_____]

If medical related include patients: age, sex, are they conscious, type of injury or the medical condition being reported.

If reporting a wanted person include: description, age (adult/child), race, hair, clothing, last known location and direction of travel, etc.

Report Taken By: Name: 15 [_____] Call Sign: 16 [_____]
(if applicable)

17 ☐ Transmitted To EOC   17 ☐ Received By EOC

Date: 18 [_____] Time: 19 [_____] Call Sign: 20 [_____]

Instructions for completing the form

Purpose: The RACES Incident Reporting Form is to record citizen reports/requests for city services that would normally be communicated via the 911 system. This form is only to be used in the event telephone communications are not working and RACES personnel have been assigned to a field location for the purpose of collecting this information.

Preparation: Collect the data on the incident/request as appropriate. Inform the reporting person that you will forward the information to the Emergency Operations Center (EOC) as soon as practical but make no commitment as to how quickly it will be acted upon.

Distribution: The Documentation Unit maintains a file of all forms. All completed forms MUST be turned into your supervisor and later forwarded to the Documentation Unit.

Instructions for completing the form:

Field #	Field Name	Instructions
1	Address	Enter the address where the incident happened or the request for service is needed.
2	Apt.	Enter the apartment number if appropriate.
3	Building	Enter the building number if appropriate.
4	Cross Street	Enter the nearest cross street.
5	Common Place Name	If appropriate enter the common name the location is known by. I.E.: Senior Center, Home Depot, Cardoza Park, Randall School, etc.
6	Person Reporting	Enter the name of the Reporting Party (RP). I.E.: the person who provided the report/information to you.
7	Phone	Enter the telephone number of the RP where they can be contacted if additional information is later needed. (Telephones will start working at some point)
8	Ext.	Enter the telephone extension of the RP if appropriate.
9	Vehicle License Plate	If a vehicle is involved in the report, enter the vehicle license plate # if known.
10	State	Enter the state of issue for the vehicle license plate if known.
11/12/13	Make/Model/Color	Enter the vehicle make, model, and color.
14	Issue Reported/ Action Requested	Document the nature of the report/request as fully as possible. Be brief but capture all relevant information.
15	Report Taken By	Enter the name of the person taking the report.
16	Call Sign	If the report was taken by a RACES member enter their call sign.
17	Check Box	Check the appropriate box –did you transmitted or received the report.
18/19	Date/Time	**IF AT A FIELD LOCATION:** Enter the date/time the form was transmitted to the EOC. Use 24 hour time. **IF AT THE EOC:** Enter the date/time the form was received by the EOC. Use 24 hour time.
20	Call Sign	**IF AT A FIELD LOCATION:** Enter the Call Sign of the person transmitting the form. **IF AT THE EOC:** Enter the Call Sign of the person receiving the form.

To transmit via radio send Field # and the field contents, no need to transmit the Field Name.
Fields 17 through 20 are for local use only, DO NOT transmit those fields.