

Incident Reporting Form (911)

Field Numbers Correspond to Instructions on Back of Printed Form

PDF 0.2

Message Numbers:	Origin:	Destination:
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Date:	Time when incident was observed:
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Incident Information

Incident Address: ¹ _____
Common Place Name: ² _____
Brief Description: ³ _____

Reporting Person (RP)

Name: ⁴ _____	Phone: ⁵ _____
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Suspect / Subject

Race: ⁶ _____	Gender: ⁷ _____	Age: ⁸ _____
Height: ⁹ _____	Weight: ¹⁰ _____	Hair: ¹¹ _____
Build: ¹² _____	Clothing: ¹³ _____	
Last Known Location: ¹⁴ _____		
Weapon Seen: ¹⁵ _____		

Vehicle (e.g. hit-and-run or suspect's vehicle. Not necessary for most traffic accidents.)

Color: ¹⁶ _____	Year: ¹⁷ _____	
Make: ¹⁸ _____	License: ¹⁹ _____	State: ²⁰ _____
Model/Type: ²¹ _____		

Victim / Patient

Gender: ²² _____	Adult/Child: ²³ _____	Age: ²⁴ _____
Conscious: ²⁶ <input type="radio"/> Yes <input type="radio"/> No	Is Patient Breathing: ²⁶ <input type="radio"/> Yes <input type="radio"/> No	
Injury / Condition: ²⁷ _____		

Fire

Structure Type: ²⁸ _____	Number of Stories: ²⁹ _____	People Inside: ³⁰ _____
Visible: ³¹ _____		

Additional Details & City Service Requests

Reporting Location: ³³ _____	
Person Taking Report: ³⁴ _____	

Radio Operator Only:

Relay:	Rcvd: _____	Sent: _____	
Name: _____	Call Sign: _____	Date: _____	Time: _____

Santa Clara County Incident Reporting Form

Purpose: The Incident Reporting Form is to record citizen reports/requests for 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 to collect 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/messages. All completed forms MUST be turned into your supervisor and later forwarded to the Documentation Unit.

Packet Version of Form: The packet version of this form allows for up to three different entries for Suspect / Subject, Vehicle, and Victim / Patient. When using the paper version of the form record any additional information on a separate page and attached to the first page; or use Field 8 - Additional Details & City Services Request to record details about additional people or vehicles.

Instructions for person collecting the report: Fields shown in red, and outlined in red on the form, are

For any information that is unknown, leave the fields blank.

Field #	Field Name	Instructions
	Date	Enter the date and time the incident was observed.
	Time when incident was observed	
1	Incident Address	Enter the address of incident
2	Common Place Name	E.g. Home Depot, Main and Curtis, Randal School or Cardoza Park
3	Brief Description	What happened, why is help needed. Be as complete as possible.
4	Reporting Person (RP)	Enter the name of the reporting party (the person providing you the information).
5	Phone	Enter the telephone number of the RP where they can be contacted if additional information is later needed (telephones will start working again at some point).
	Suspect / Subject	Record information about the suspect (crime) or subject (missing person or patient). Record as much information as the RP can provide. Use the Additional Details box at the bottom of the form if necessary.
	Vehicle	Record information about any vehicle(s) involved. Use the Additional Details box at the bottom of the form if necessary.
	Victim / Patient	Record information about the victim(s) of a crime or person(s) needing medical assistance. Use the Additional Details box at the bottom of the form if necessary.
	Fire	Enter information about the structure type, if people are trapped, and if flames or smoke is visible.
28	Structure Type	Check one: Single Family, Condo, Apartment, Retail, Industrial, Vehicle, or Vegetation
	Additional Details & City Service Requests	This field can be used to record data that does not go elsewhere on the form or if additional information needs to be provided. For example, list what city service(s) are needed (tree removal, repair water main break, etc.)
33	Reporting Location	Where is the report being taken, e.g. Fire Station 2, Community Center, etc.
34	Person Taking Report	The name of the person taking the report from the Reporting Person.

Instructions for radio operators: If sending via voice send field number and data. Do not send field name or blank fields.

Field Name	Instructions
Origin Msg #	Enter the message number of the sending station.
Destination Msg #	Enter the message number of the destination station.
Relay Name	Enter a call sign and/or time, or other useful marks, to indicate status.
	Enter the first initial and last name of radio operator that handled the message.
Call Sign	Enter the call sign of radio operator that handled the message.
Date/Time	Enter the date and time the message was sent/received. Use 24-hour time.