Incident Report (911)

Field Numbers Correspond to Instructions on Back of Printed Form

PDF 0.5

Date:[1]	Time when incident was observed:[2]

Incident Address:[3]

Common Place Name:[4]

Brief Description:[5]

Reporting Person Name:[6]   Phone:[7]

Victim / Patient

Gender:[8] ☐ Male ☐ Female   Age:[9] ☐ Adult[10] ☐ Child[10]

Is Patient Conscious:[11] ☐ Yes ☐ No   Is Patient Breathing:[12] ☐ Yes ☐ No

Injury / Medical Condition:[13]

Name[14]   Phone:[15]

Suspect / Subject

Race:[16]   Gender:[17] ☐ Male ☐ Female   Age:[18]

Height:[19]   Weight:[20]   Hair:[21]

Build:[22]   Clothing:[23]

Last Known Location:[24]

Weapon Seen:[25]

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

Color:[26]   Year:[27]

Make:[28]   License:[29]   State:[30]

Model/Type:[31]

Fire

Structure Type:[32]   Number of Stories:[33]

Visible:[34] ☐ Smoke ☐ Flames   People Inside:[35] ☐ Yes ☐ No

Additional Details & City Service Requests

36

Reporting Location:[37]

Person Taking Report:[38]

Radio Operator Only:

Message Numbers:	Origin:	Destination:
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. <u>This form is only to be used in the event telephone communications are not working and personnel have been assigned to a field location to collect this information.</u>

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 34 - Additional Details & City Services Request to record details about additional people or vehicles.

Instructions for person collecting the report: Fields shown in red, bold, or outlined in red on the form, are required.

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

Field #	Field Name	Instructions
1	**Date**	**Enter the date when the incident was observed**
2	**Time when incident was observed**	**Enter the Time when the incident was observed**
3	**Incident Address**	**Enter the address of incident**
4	Common Place Name	E.g. Home Depot, Main and Curtis, Randal School or Cardoza Park
5	**Brief Description**	**What happened, why is help needed. Be as specific as possible.**
6	Reporting Person (RP)	Enter the name of the reporting party (the person providing you the information).
7	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).
8-15	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.
16-25	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.
226-31	Vehicle	Record information about any vehicle(s) involved. Use the Additional Details box at the bottom of the form if necessary.
32-35	Fire	Enter information about the structure type, if people are trapped, and if flames or smoke is visible.
36	Additional Details & City Service Requests	Additional Details and Other 911 Hazard Reporting. Examples: electrical wires down, natural gas leak, road blocked, flooding/debris flow, hazardous materials release. list what city service(s) are needed (tree removal, repair water main break, etc.)
37	Reporting Location	Where is the report being taken, e.g. Fire Station 2, Community Center, etc.
38	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	Enter a call sign and/or time, or other useful marks, to indicate status.
Name	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.