

Milpitas RACES - Incident Reporting Form

MLP-RACES: 20210218

Field Numbers Correspond to Instructions on Back of Printed Form

PIF: 1.3.1

Message Numbers:	Origin:	Destination:
Date:	Time:	Handling:
		Immediate (ASAP) Priority (<1 hr) Routine (<2 hrs)

Services Requested: ^{1A}	Police	Fire	Medical	City Service (✓select all that apply)
Reporting Location: ^{1B}				
Person Taking Report: ^{1C}				

For any information that is unknown, leave the fields below blank:

Incident Location ²	
Incident Address: ^{2A}	
Common Place Name: ^{2B}	
Brief Description: ^{2C}	

Reporting Person (RP) ³	
Name: ^{3A}	Phone: ^{3B}
Suspect / Subject ⁴ Race: ^{4A} Black White Latino Asian	
Sex: ^{4B} Male Female	Age: ^{4C} Height: ^{4D} Weight: ^{4E}
Hair: ^{4F} Brown Black Blonde Red Grey/ White Bald/None	Build: ^{4G} Light Medium Heavy
Clothing: ^{4H}	
Last Known Location: ^{4J}	
Direction of Travel: ^{4K}	
Weapon Seen: ^{4L}	

Vehicle ⁵		
Color: ^{5A}	Year: ^{5B}	State: ^{5E}
Make: ^{5C}	License: ^{5D}	Model: ^{5F}

Victim / Patient ⁶		
Victim: ^{6A} Male Female	^{6B} Adult Child	Age: ^{6C} <input type="text"/>
Is Patient Conscious: ^{6D} Yes No	Is Patient Breathing: ^{6E} Yes No	
Injury / Medical Condition: ^{6F}		

Fire ⁷		
Structure Type: ^{7A}	# of Stories: ^{7B}	People Inside: ^{7C}
Visible: ^{7D} Smoke Flames None		

Additional Details & City Service Requests ⁸

Radio Operator Only:			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time:

MILPITAS RACES INCIDENT REPORTING FORM

Purpose: The RACES 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 required.

Field #	Field Name	Instructions
	Date	Enter date report was taken.
	Time	Enter the date report was taken.
	Handling	Select one. For this form typical: Immediate.
1A	Services Requested	Select which services are requested for this incident. If City Service is selected provide details in Field 8 - <u>Additional Details & City Service Requests</u>
1B	Reporting Location	Where is the report being taken, I.E. Fire Station 2, Community Center, etc.
1C	Person Taking Report	Enter the name of the person taking the report from the public.
2A	Incident Address	Enter the address of incident if known, otherwise enter unknown.
2B	Common Place Name	I.E. (Home Depot, Main and Curtis, Randal School, Cardoza Park, or unknown)
2C	Brief Description	What happened, why is help needed, be as complete as possible.
3A	Reporting Person (RP)	Enter the name of the reporting party (the person providing you the information).
3B	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).
4	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.
5	Vehicle	Record information about any vehicle(s) involved. Use the Additional Details box at the bottom of the form if necessary.
6	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.
7	Fire	Enter information about the structure type, if people are trapped, and if flames or smoke is visible.
7A	Structure Type	Single Family, Condo, Apartment, Retail, Industrial, Vehicle, or Vegetation
8	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. If City Service is selected in Field 1A, list what service(s) are need here (tree removal, water main break, etc.)

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.