| Road Closure | | Veoci: 20250722 PDF: 20250812 | |
|----------------------|---------------|----------------------------------|--|
| Radio Operator Only: | Origin Msg #: | Destination. Msg #: | |

| This Section to be Completed by Jurisdiction/Field Personnel: (Underlined=Required) | | | | | | | | |
|---|----------------|-----------------|-------------|--------------|--------------------|--------------|-------------------------|--------------------|
| Date | <u>::</u> | Time: (24hr): | Handling: | Oı | nmediate (A | SAP) (| OPriority (<1 hr |) ORoutine (<2 hr) |
| | ICS Position: | | | ICS Position | : | | | |
| т | T Location: | | | F R | Location: | | | |
| 0 | Name: | | | | Name: | | | |
| | Contact Info: | | | M | Contact Info |): | | |
| Initial Information | | | | | | | | |
| Jurisdiction: | | | | | | | | |
| Road | d/Intersection | <u>ı</u> : | | | | | | |
| Deta | | | 0.71 | | | | | |
| Stati | us: | Planned Closure | O clo | osed | | O Reo | pened | |
| Closure Time | | | | | | | | |
| Closure Start Date: Closur | | | ure St | art Time: | | | | |
| Closure End Date: Closure End Time: | | | | | | | | |
| Radio Operator Only: | | | | | | | | |
| Relay | | | | | Sent: | | | |
| Name: Call Si | | Call Sig | Sign: Date: | | | Time (24hr): | | |

Road Closure

Instructions: Road Closure

Purpose: This form should be utilized to provide details of each known road closure. It can be a location by address or a range. Any details on the reason for the closure and/or the start and end date/times would be appreciated.

Instructions for Jurisdictions:

| Field | Instructions | |
|--------------------|---|--|
| Date | Required. Enter the date created. | |
| Time | Required. Enter the time created. Use 24-hour time. | |
| Handling | Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy. | |
| TO / FROM | If needed, radio operator can suggest most appropriate TO position and location. | |
| ICS Position | Required. Enter the ICS position name. | |
| Location | Required. Enter the location. | |
| Name | Optional. Enter only if the message is to a specific individual. | |
| Contact Info | Optional. Enter a phone number, frequency or other info that may help reach the person or position. | |
| Jurisdiction | Required. Enter the name of the municipality/jurisdiction. | |
| Road/Intersection | Required. Enter an address, cross streets, or a roadway segment (Such as: Highway 296 from Bob Hill Rd. to Green Tree Lane). | |
| <u>Location</u> | Required. Enter any further identifying information to locate this point on a map. Such as: | |
| | Old Santa Clara Rd from ½ mile north of Great Plains Rd. to the County line | |
| Details | Entire area immediately South of Fredrick Community College Required: Please fill the reason for the closure. | |
| Status | Required: Indicate if this closure is planned for the future, is currently closed, or has reopened. | |
| Closure Start Date | Enter the date of the start of the closure. | |
| Closure Start Time | Enter the time of the start of the closure. | |
| Closure End Date | Enter the date of the end (or expected end) of the closure. | |
| Closure End Time | Enter the time of the end (or expected end) of the closure. | |

Instructions for Radio Operators:

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