

Notable Report		Veoci: 20250523 PDF: 20250804
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)

Initial Information

<u>Date:</u>	<u>Time:</u> (24hr):	<u>Handling:</u> <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr)
T O	<u>ICS Position:</u>	F <u>ICS Position:</u>
	<u>Location:</u>	R <u>Location:</u>
	<u>Name:</u>	O <u>Name:</u>
	<u>Contact Info:</u>	M <u>Contact Info:</u>
<u>Jurisdiction:</u>		<u>Originator:</u>
<u>Severity:</u> (Pick One) <input type="radio"/> High <input type="radio"/> Medium <input type="radio"/> Low		
<u>Escalate to County Op Area?</u> <input type="radio"/> Yes <input type="radio"/> No		
<u>If Yes, is this event Incident Specific?</u> <input type="radio"/> Yes <input type="radio"/> No		
<u>If above question is Yes, name of Op Area Incident:</u>		

Event Details

<u>Title:</u>		
<u>Date:</u>	<u>Time:</u>	
<u>Event Type:</u>		
<input type="radio"/> 1: Transportation <input type="radio"/> 2: Communications <input type="radio"/> 3: Construction and Engineering <input type="radio"/> 4: Fire and Rescue <input type="radio"/> 5: Management <input type="radio"/> 6: Care and Shelter <input type="radio"/> 7: Resources	<input type="radio"/> 8: Public Health and Medical <input type="radio"/> 9: Search and Rescue <input type="radio"/> 10: Hazardous Materials Response <input type="radio"/> 11: Food and Agriculture <input type="radio"/> 12: Utilities <input type="radio"/> 13: Law Enforcement <input type="radio"/> 14: Recovery	<input type="radio"/> 15: Public Information <input type="radio"/> 16: Animal Services <input type="radio"/> 17: Volunteer Management <input type="radio"/> 18: Cyber Security <input type="radio"/> 19: Donations Management <input type="radio"/> 20: Continuity of Operations/Government

<u>Details:</u>

Contact Information

<u>Point of Contact Name:</u>	<u>Contact Phone Number:</u>
<u>Contact Email:</u>	

Event Expiration

<u>Do you want this event to expire?:</u> <input type="radio"/> Yes <input type="radio"/> No	<u>If Yes, Date to Expire:</u>
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Radio Operator Only:

<u>Relay:</u>	<u>Rcvd:</u>	<u>Sent:</u>
<u>Name:</u>	<u>Call Sign:</u>	<u>Date:</u> <u>Time (24hr):</u>

SCCo ARES/RACES

Notable Report

Instructions: Notable Report

Purpose: This Notable Report form is meant to be used to communicate issues that are observed in the community. There are specialty forms for shelters, road closures, damage assessments, etc. These Notable Reports are meant for everything else that cannot be categorized (for instance: tree down, fire hydrant broken, location of an incident command post, ...).

Note: No emergency services will be dispatched based on this report. This report is to communicate Situational Awareness only. If emergency services are required, please follow your procedures for requesting these services (911 or such)

Instructions for Jurisdictions:

Field	Instructions
Date	<u>Required</u> . Enter the date created.
Time	<u>Required</u> . Enter the time created. Use 24-hour time.
Handling	<u>Required</u> . 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	<u>Required</u> . Enter the ICS position name.
Location	<u>Required</u> . 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	<u>Required</u> . Enter the name of the municipality/jurisdiction.
Originator	<u>Required</u> . Enter the name of the person filling out this form.
Severity	<u>Required</u> . Indicate the severity of this report.
Escalate to County Op Area?	<u>Required</u> . This field determines if this report is for the jurisdiction only or should be communicated to the County Operational Area as well.
Is this event incident specific?	<u>Required if escalation to County Op Area is specified</u> . Indicate the name of the County's incident. (Identifies this report as incident specific or not related to any active incident).
Name of Op Area Incident	<u>Required if this event was marked as incident specific</u> . Please fill in the name of the County's incident this report should be applied to.
Title	<u>Required</u> . Please write a descriptive name for this report. Please be detailed enough to promote uniqueness in the title of all submitted reports.
Date/Time	<u>Required</u> . Date/Time of this report.
Event Type	<u>Required</u> . Choose the Emergency Support Function (ESF) that is associated with this report.
Details	<u>Required</u> . Write sufficient details that describe the conditions being observed.
Contact Information	Enter the contact's name and details for the person who can be contacted if further action is required.
Do you want this event to expire? & Date to Expire	<u>Required</u> . This is used to automatically close a Notable Report on a particular date. (For instance, if this is a traffic accident, it is likely to be resolved in hours. For this example, check Yes and place tomorrow's date in the next field). If you wish this Notable Report to stay visible in the system until it is manually closed, please leave this value set to "No").

Instructions for Radio Operators:

Field	Instructions
Origin Msg #	<u>Required</u> . Enter the message number of the original sending station.
Destination Msg #	<u>Required</u> . 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	<u>Required</u> . Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required</u> . Enter the call sign of the radio operator that handled the message.
Date	<u>Required</u> . Enter the date the message was sent/received.
Time	<u>Required</u> . Enter the time the message was sent/received. Use 24-hour time.