EMERGENCY PRIORITY - FORMAT TANGO 6Z

EMERGENCY / PRIORITY TRAFFIC REPORT [DRAFT VERSION] NCS,MAPPING,TRIANGULATION STNS COMPLETE THIS FORM   QXi D /Z1 … /Z9

ID OF REPORTING STATION AND LOCATION FROM WHICH REPORT BEING MADE:	**[USE PLAIN ENGLISH]** **EMERGENCY / PRIORITY TRAFFIC**
/LN 1 • DIVISION: 1 2 3 4 5 N S AREA/NEIGHBORHOOD: _____ (CIRCLE ABOVE WHICH APPLIES) [E.G., "VILLAGE]	
/LN 2 ADDRESS (IF APPLICABLE TO FACTS): :_____	
/LN 3 REQUESTED BY: AREA TACTICAL (IF ANY) : _____ OTHER :_____	**/RPT** ↓
➡ ASSIGNED RPT CONTROL # [ASSIGNED BY NCS] or [alpha letter by LEAD (if area only)] [ATTACH NOTE PAGES AS NEEDED]	**#ET_____**
/LN 4 EMERGENCY/ PRIORITY [EACH EMERGENCY / PRIORITY TRAFFIC GETS A SEPARATE #]	
/LN 5 ASSIGN INCIDENT TACTICAL: _____	
➡ **GENERAL LOCATION OF THE EMERGENCY – WHERE TO RESPOND TO.**	**EMERGENCY TYPE** (ENTER DETAILS BELOW) ↓
/LN 6 DIVISION: 1 2 3 4 5 N S AREA/NEIGHBORHOOD: _____ ✎ (CIRCLE ABOVE WHICH APPLIES) [E.G., "VILLAGE]	
/LN 7 UNABLE TO DETERMINE OR UNKNOWN: ☐	
/LN 8 QXi D **/ Z1** EMERGENCY. I NEED [AREA NEEDS] ASSISTANCE – **MEDICAL**	←
/LN 9 (NCS CONSIDER USING STN TO RELAY); RELAY STN_____	☐ **/Z1– MEDICAL**
/LN 10 Life Threatening INJURY (Triage: Red=Will not survive without immediate care!)	**Life Threatening**
/LN 11 [Explain] _ (eg., "CHEST PAINS") _____	
/LN 12 LOCATION: _____	
/LN 13 QXi D **/ Z2** EMERG. I NEED [AREA NEEDS] ASSISTANCE - **MEDICAL**	←
/LN 14 (NCS CONSIDER USING STN TO RELAY); RELAY STN _____	☐ **/Z2– MEDICAL**
/LN 15 Seriously Injured (Triage: Yellow =Broken bones or controlled bleeding).	**Seriously Injured**
/LN 16 [Explain] _____	
/LN 17 LOCATION: _____	
/LN 18 QXi D **/ Z3** EMERG. I AM RPTING [AREA RPTING] **FIRE / SMOKE COL.** [PREVIOUSLY UNREPORTED]	←
/LN 19 (NCS CONSIDER USING STN TO RELAY); RELAY STN _____	☐ **/Z3 - FIRE / SMOKE COL.**
/LN 20 LOCATED AT: _____	**SOURCE LOCATED AT (ONCE DETERMINED):**
/LN 21 BEARING: FROM MY LOCATION AT: _____	T___ N R ___E__ W___ SECT _____
/LN 22 /AZ _____ (direction-deg.) M T /ML _____ (EST. MILES)	_____
/LN 23 QXi D **/ Z4** EMERG. I NEED [AREA NEEDS] ASSIST. – **GAS LEAK IN HOME**(S):	←
/LN 24 (NCS CONSIDER USING STN TO RELAY); RELAY STN _____	☐ **/Z4 - GAS LEAK – IN HOME**
/LN 25 Location: _____	
/LN 26 QXi D **/ Z5** ➡ EMERG. – **OTHER:** _____	←
/LN 27 Location: _____	☐ **/Z5 – OTHER**
/LN 28 ....➡ EMERG. – **OTHER-NEED EVACUATION PICK UP - UNABLE TO EVAC. BECAUSE:**	
/LN 29 ROAD BLOCKED ☐ DISABLED ☐	←
/LN 30 VEHICLE BREAKDOWN ☐ WHEEL CHAIR BOUND ☐ OTHER: _____ ☐	☐ **/Z5 - EVACUATE HELP**
/LN 31 # OF PERSONS REQUIRING EVACUATION ASSIST /NR_____ #	
/LN 32 LOCATION FOR PICK UP: _____	
/LN 33 NCS - REQUEST ANY LOCAL LARGE VEHICLE, VAN, SCHOOL BUS --- TO ASSIST ☐	
/LN 34 STATION(S) WHICH ADVISED THEY WILL ASSIST:_____	
/LN 35 NCS - ASSIGN TACTICAL (TAXI 1, ETC...): _____	
/LN 36 QXi D **/ Z7** PRIORITY – **FLYING EMBERS**	←
/LN 37 (NCS CONSIDER USING STN TO RELAY); RELAY STN _____	☐ **/Z7 – FLYING EMBERS**
/LN 38 LANDING AT: _____	**LANDING AT (ONCE DETERMINED):**
/LN 39 BEARING (FROM MY LOCATION AT): _____	T___ N R ___E__ W___ SECT _____
/LN 40 /AZ _____ (direction - degrees) M T /ML _____ (EST. MILES)	_____
/LN 41 QXi D **/ Z8** PRIORITY–**SMOKE ODOR** IN MY AREA [BELIEVED TO BE FROM OTHER than ARLEADY REPTD INCIDT(s)]	←
/LN 42 (NCS CONSIDER USING STN TO RELAY); RELAY STN _____	☐ **/Z8 – SMOKE ODOR**
/LN 43 WIND IS OUT OF: N NE E SE S SW W NW	**SOURCE LOCATED AT (ONCE DETERMINED):**
/LN 44 WIND OUT OF (BEARING FROM MY LOCATION AT: _____	T___ N R ___E__ W___ SECT _____
/LN 45 /AZ _____ (direct–degr.) M T Wind speed /MPH_____est.	_____
/LN 46 SMOKE ODOR is: /LT (LIGHT) /MOD (MODERATE) /HVY (HEAVY)	
/LN 47 QXi D **/Z9** PRIORITY - **POWER LINES** ARE ON GROUND AND/OR IN TREES IN AREA	←
/LN 48 (NCS CONSIDER USING OTHER STATION TO RELAY); RELAY STN _____	☐ **/Z9 - POWER LINES**
/LN 49 AT: _____	
/LN 50 **STATUS OF THIS EMERG RPT:**	←
/LN 51 CALL TO 911 MADE & 911 RESPONDING: ☐ as of _____ hrs.	
/LN 52 OTHER ASSIST. IS RESPONDING: _____ _____ _____ As of _____ hrs.	**STATUS OF THIS REPORT:**
	ID call sign other
/LN 53 THIS REQUEST OR MATTER IS OUTSTANDING, IN PROCESS:	
/OS ☐ AS OF _____ HRS. /OS ☐ AS OF _____ HRS.	/OS ☐ /DN ☐
/LN 54 THIS REPORT IS CONCLUDED (DONE, COMPLETED) /DN ☐ AT _____ HRS".	
/LN 55 Dated: ____/_____/____ ☐ BY: _____ (CALL SIGN / ID)	