Message / Incident Form

Date:	Time:	Incident #:

1. To:

2. From:

3. Priority:
- ☐ Flash - Life Threatining
- ☐ High - Urgent
- ☐ Medium
- ☐ Low - Information only

Sent or Received Via:
- ☐ Telephone #
- ☐ CERPP Radio
- ☐ Ham Radio
- ☐ Walk In
- ☐ Field Unit
- ☐ Other

4. Message: ☐ Medical ☐ Fire ☐ Utilities ☐ Property ☐ Roads

5. Location:

Cross Street:

6. Describe committed resources and action being taken to resolve this incident:

7. Prognosis: ☐ Worsening ☐ Stable ☐ Improving

8. Action Requested:

Action Log	Date	Time
☐ Situation Completed		

Copies White - Planning Yellow - Operations Pink - Message Center 2/22/2007