Notable Report 1.1		Veoci: 20250523 DOC: 20260503
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

Notable Report

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

3. Date:	**4. Time:**	**5. Handling:** ○ **Immediate** (ASAP) ○ **Priority** (<1 hr) ○ **Routine** (<2 hr)

TO	**6. ICS Position:**	**FROM**	**10. ICS Position:**
	7. Location:		**11. Location:**
	8. Name:		**12. Name:**
	9. Contact Info:		**13. Contact Info:**

Overview

21. Jurisdiction:	**22. Originator:**

23. Severity: (Pick One) ○ **High** ○ **Medium** ○ **Low**

24. Escalate to County Op Area? ○ **Yes** ○ **No**

25. Name of the County Incident:

Event Details

31. Title:

32. Date:	**33. Time:**

34. Event Type:

- ○ **1: Transportation**
- ○ **2: Communications**
- ○ **3: Construction and Engineering**
- ○ **4: Fire and Rescue**
- ○ **5: Management**
- ○ **6: Care and Shelter**
- ○ **7: Resources**
- ○ **8: Public Health and Medical**
- ○ **9: Search and Rescue**
- ○ **10: Hazardous Materials Response**
- ○ **11: Food and Agriculture**
- ○ **12: Utilities**
- ○ **13: Law Enforcement**
- ○ **14: Recovery**
- ○ **15: Public Information**
- ○ **16: Animal Services**
- ○ **17: Volunteer Management**
- ○ **18: Cyber Security**
- ○ **19: Donations Management**
- ○ **20: Continuity of Operations/Government**

35. Details:

Contact Information

41. Point of Contact Name:	**42. Contact Phone Number:**

43. Contact Email:

Event Expiration

51. Do you want this event to expire?: ○ **Yes** ○ **No**	**52. Date to Expire:**

Radio Operator Only:			
Relay:	**Rcvd:**	**Sent:**	
Name:	**Call Sign:**	**Date:**	**Time** (24hr)**:**

SCCo ARES/RACES

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	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.
Originator	Required. Enter the name of the person filling out this form.
Severity	Required. Indicate the severity of this report.
Escalate to County Op Area?	Required. This field determines if this report is for the jurisdiction only or should be communicated to the County Operational Area as well.
Name of County Incident	Please fill in the name of the County's incident this report should be applied to.
Title	Required. Please write a descriptive name for this report. Please be detailed enough to promote uniqueness in the title of all submitted reports.
Date/Time	Required. Date/Time of this report.
Event Type	Required. Choose the Emergency Support Function (ESF) that is associated with this report.
Details	Required. 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	Required. 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 #	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.