Road Closure 1.1		Veoci: 20250722 DOC: 20260307
Radio Operator Only:	**1. Origin Msg #:**	**2. Destination. Msg #:**

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:**

Initial Information

21. Jurisdiction:

22. Road/Intersection:

23. Location:

24. Details:

25. Status: ○ **a. Planned Closure** ○ **b. Closed** ○ **c. Reopened**

Closure Time

31. Closure Start Date:	**32. Closure Start Time:**
33. Closure End Date:	**34. Closure End Time:**

Road Closure

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

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).
Location	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 • Entire area immediately South of Fredrick Community College
Details	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.