

Dispatchers and Amateur Radio Operators Use This Form to Verify Information Is Complete...

EVENT SPECIFICS

PART I:

DISPATCHER'S NAME: _____

AMATEUR RADIO OPERATOR CONTACTED: _____

TIME OF NOTIFICATION: _____

PART II:

TYPE OF INCIDENT (CHECK ONE)

- | | | |
|----|---------------------------------------|-------|
| a. | SEVERE THUNDERSTORM WATCH | _____ |
| b. | b. SEVERE THUNDERSTORM WARNING | _____ |
| c. | c. TORNADO WATCH | _____ |
| d. | d. TORNADO WARNING | _____ |
| e. | e. WINTER STORM | _____ |
| f. | f. OTHER _____ | _____ |

LOCATION OF INCIDENT: _____

WIND SPEED AND DIRECTION OF TRAVEL (IF APPLICABLE): _____

TIME PERIOD OF INCIDENT: FROM: _____ THRU: _____

SPECIAL INSTRUCTIONS: _____
