

RACES INCIDENT NUMBER REQUEST FORM

Today's Date: Time:

***INCIDENT NUMBER** (Number received from ECC)

Person Taking Request:

Name of RACES Representative Making Request:

Title:

Phone Number:

Date(s) of Incident:

Time of Incident:

Incident Name:

Incident Location:

Incident Participants: (Attach Unit Log ICS-214, if available)

Name and Call

Name and Call

** Call (951) 940-6949, state you are from the Office of Emergency Services and you need an Incident Number for a RACES Incident. Record the number given in the Incident Number box above.*