



Hendricks Co. Communications Center

Radio and Mobile Data Incident Report

Please complete the following form with as much information as you can provide. Once completed you can save this form and email it to submissions@hccom.org or print it out and fax to (317) 838-3714.

Date Occurred: _____ Time Occurred: _____

Weather Conditions: Outside Temperature: _____ Clear _____ Cloudy _____ Rain _____ Snow _____ Fog _____

User Name: _____

User Unit # or vehicle ID: _____

User's Agency: _____

RADIO:

Radio Serial Number: (e.g. 721CDB3483) _____

Talkgroup : _____

Portable Radio Model #: _____ XTS5000 _____ XTS2500 _____ XTS

Shoulder Microphone in use?: _____ Yes _____ No

If yes was Shoulder Microphone antenna in use?: _____ Yes _____ No

Shoulder Microphone Antenna: _____ 3 3/4" Stubby _____ 7" Whip

Mobile Radio Model #: _____ XTL5000 w/O5 head _____ XTL5000 w/W9 head _____ XTL2500

MDT:

Terminal ID or IP ADDRESS: _____

Terminal Type: _____ ML900 _____ MW800 _____ Other Laptop

If given – error message received: _____

1. Exact location Issue that occurred: _____

2. Issue was: _____ Portable to Portable _____ Portable to PSAP _____ PSAP to Portable

3. Radio User was: _____ In-Car _____ Inside Building _____ Outside

4. If inside a building, please describe the location: _____

5. Describe Issue: _____ Unable to contact _____ Distortion _____ Garbled _____ Cuts out

Other: _____

6. Has this issue occurred previously at this location?: _____ No _____ Yes

7. Have you previously had good coverage at this same location?: _____ No _____ Yes

8. Radio Battery Status: _____ Full Charge _____ Mid Shift _____ End of Shift