



# Mission Viejo RACES – ARES HANDBOOK



|  |              |                              |   |  |     |
|--|--------------|------------------------------|---|--|-----|
| <input type="checkbox"/> INCOMING <input type="checkbox"/> OUTGOING  |              | ICS-213.ZR – GENERAL MESSAGE |   | INCIDENT: <input type="checkbox"/> ACTUAL <input type="checkbox"/> DRILL |     |
| PRECEDENCE: <input type="checkbox"/> (E)MERGENCY <input type="checkbox"/> (P)RIORITY <input type="checkbox"/> ROUTINE <input type="checkbox"/> HEALTH & (W)WELFARE |              |                              |   | <input type="checkbox"/> HX:   |     |
| RECEIVED VIA: <input type="checkbox"/> RADIO <input type="checkbox"/> PHONE <input type="checkbox"/> OTHER:  |              |                              | REPLY REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO |  |     |
| MESSAGE ##   | FROM STATION | CHECK                        | PLACE OF ORIGIN   | YYYY-MM-DD-TTTT  | L Z |
| INCIDENT NAME  |              | INCIDENT NUMBER              |   | INCIDENT TYPE  |     |

|                                   |  |           |      |
|-----------------------------------|--|-----------|------|
| TO:                               |  | POSITION: |      |
| FROM:                             |  | POSITION: |      |
| SUBJECT:                          |  | DATE      | TIME |
| <b>MESSAGE BODY:</b>              |  |           |      |
|                                   |  |           | 5    |
|                                   |  |           | 10   |
|                                   |  |           | 15   |
|                                   |  |           | 20   |
|                                   |  |           | 25   |
|                                   |  |           | 30   |
|                                   |  |           | 35   |
|                                   |  |           | 40   |
|                                   |  |           | 45   |
|                                   |  |           | 50   |
| APPROVED BY:<br><i>Print Name</i> |  | POSITION: |      |

|                                   |  |  |  |     |
|-----------------------------------|--|--|--|-----|
| RECEIVED BY:<br><i>(CALLSIGN)</i> |  | RECEIVED DATE-TIME:<br><i>(YYYY-MM-DD-TTTT L or Z)</i> |  | L Z |
|-----------------------------------|--|--|--|-----|

|  |              |       |                 |                 |
|--|--------------|-------|-----------------|-----------------|
| <b>MESSAGE REPLY:</b>  |              |       |                 |                 |
| REGARDING YOUR MESSAGE ##<br><input type="checkbox"/> Message ## Above | FROM STATION | CHECK | PLACE OF ORIGIN | YYYY-MM-DD-TTTT |
|  |              |       |                 | 5               |
|  |              |       |                 | 10              |
|  |              |       |                 | 15              |
|  |              |       |                 | 20              |
|  |              |       |                 | 25              |
|  |              |       |                 | 30              |
|  |              |       |                 | 35              |
|  |              |       |                 | 40              |
|  |              |       |                 | 45              |

|                                   |  |  |  |     |
|-----------------------------------|--|--|--|-----|
| RECEIVED BY:<br><i>(CALLSIGN)</i> |  | RECEIVED DATE-TIME:<br><i>(YYYY-MM-DD-TTTT L or Z)</i> |  | L Z |
|-----------------------------------|--|--|--|-----|