

**COLORADO EMERGENCY REPORTING NET  
STANDARDIZED EMERGENCY REPORT FORMS (Revised February 4, 2018)**

**DATE:** \_\_\_\_\_

**1. TRAFFIC/MEDICAL EMERGENCY** – Information to be telephoned to 9-1-1 as a second-party report: **“This is (your name) with the Colorado Emergency Reporting Network reporting a (Traffic or Medical) emergency on behalf of:**

Caller’s Name \_\_\_\_\_ Call Sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistance needed: \_\_\_\_\_ Location: \_\_\_\_\_

Vehicle(s): \_\_\_\_\_ Number injured: \_\_\_\_\_ Deceased: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Use “Cities Listed With Their Counties” document to determine which Country the caller is located. REMAIN ON FREQUENCY WITH CALLER AND ON PHONE WITH 9-1-1 UNTIL 9-1-1 OPERATOR RELEASES YOU. If caller cannot remain on frequency, agree on a time when you will re-establish contact with caller to communicate further.**

**2. CRIMINAL EMERGENCY** – Information to be telephoned to 9-1-1 as a second-party report: **“This is (your name) with the Colorado Emergency Reporting Network reporting a (Criminal) emergency on behalf of:**

Caller’s Name \_\_\_\_\_ Call Sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistance needed: \_\_\_\_\_ Location: \_\_\_\_\_

Vehicle(s): \_\_\_\_\_ Number injured: \_\_\_\_\_ Deceased: \_\_\_\_\_

Description of perpetrator: Race \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes/Glasses: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Language/Accent: \_\_\_\_\_; Clothing: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Use “Cities Listed With Their Counties” document to determine which Country the caller is located. REMAIN ON FREQUENCY WITH CALLER AND ON PHONE WITH 9-1-1 UNTIL 9-1-1 OPERATOR RELEASES YOU. If caller cannot remain on frequency, agree on a time when you will re-establish contact with caller to communicate further.**

**3. LOST EMERGENCY REQUIRING SEARCH AND RESCUE** – Information to be telephoned to 9-1-1 as a second-party report: **“This is (your name) with the Colorado Emergency Reporting Network reporting a (Lost Person) emergency on behalf of:**

Caller’s Name \_\_\_\_\_ Call Sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistance needed: \_\_\_\_\_ Location: \_\_\_\_\_

GPS coordinates (WGS84 datum) \_\_\_\_\_ N \_\_\_\_\_ W

Vehicle(s): \_\_\_\_\_ Number injured: \_\_\_\_\_ Deceased: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Use “Cities Listed With Their Counties” document to determine which Country the caller is located. REMAIN ON FREQUENCY WITH CALLER AND ON PHONE WITH 9-1-1 UNTIL 9-1-1 OPERATOR RELEASES YOU. If caller cannot remain on frequency, agree on a time when you will re-establish contact with caller to communicate further.**

**4. DISASTER, FIRE, FLOOD, TERRORISM EMERGENCY etc** – Information to be telephoned to 9-1-1 as a second-party report: **“This is (your name) with the Colorado Emergency Reporting Network reporting a (Disaster, Fire, Tornado, etc) emergency on behalf of:**

Caller’s Name \_\_\_\_\_ Call Sign: \_\_\_\_\_ Phone: \_\_\_\_\_

Assistance needed: \_\_\_\_\_ Location: \_\_\_\_\_

Vehicle(s): \_\_\_\_\_ Number injured: \_\_\_\_\_ Deceased: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Use “Cities Listed With Their Counties” document to determine which Country the caller is located. REMAIN ON FREQUENCY WITH CALLER AND ON PHONE WITH 9-1-1 UNTIL 9-1-1 OPERATOR RELEASES YOU. If caller cannot remain on frequency, agree on a time when you will re-establish contact with caller to communicate further.**

Thanks for reporting this emergency through the Colorado Emergency Reporting Network!

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