

RANGE CONTROL INFORMATION

Range Accidents/incidents Med Evac/Ambulance Requests

1. Time/Date	2. Range Officer notified (time and name of officer)
3. Name, rank, organization, and location of person reporting the incident	

RANGE ACCIDENTS/INCIDENTS

1. Name, Rank, and Organization of Injured Personnel	
2. Location of accident	3. Equipment damage
4. Medical assistance required (extent of injury)	
5. Remarks	

MED EVAC/AMBULANCE REQUEST

1. Location (exact coordinates)	2. Number of persons injured	
3. Urgency of mission <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	4. Doctor required <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Extent of injury		
6. Special equipment	7. Call sign and frequency	
8. Person making call (Name of OIC/RATEELO)	9. Person receiving call at RAH (name)	
10. Time call received	11. Time RAH notified	12. Time patient arrived at RAH
13. Remarks		
14. Report received by (name and grade)	15. Signature	