

INSTRUCTIONS

The information beginning with box 1, in the upper left-hand corner, through box 10 will constitute a completed transcription.

1. Insert names of NAWAS point making the initial report.
2. Person initiating form should assign numbers with a new series daily.
3. Check the box after the type of report being transmitted. Types are listed in order of priority.
4. Insert local date/time of incident.
5. Insert UTM Grid Coordinates, reading right and up. (Use two letters and four digits.)
6. Give name of locality or installation for OTHER and, if known, for NUDET.
7. NUDETS are classified as large (L), medium (M), small (S), or unknown (U). (A bomb under 1 MT is considered small; over 1 MT and thru 5 MT, medium; and over 5 MT, large.)
8. TYPE refers to Air Burst (A), Surface Burst (S), or unknown (U).
9. A brief description of the incident, if OTHER box is checked.
 - SIGHTING REPORT
 - A. Date/time of sighting.
 - B. UTM Coordinates locating person reporting the SIGHTING.
 - C. Give azimuth or direction from person to the explosion, bright flash, and/or center of the mushroom cloud.
 - FALLOUT REPORT
 - A. Date/time of reading.
 - B. Designator of FMS making report
 - OR
 - DOSE RATE
 - C. R/hr reading from meter (not required for fallout).
10. Identify the originator of the "incident" information for NUDET, SIGHTING, or OTHER.
11. & 12. Use date/time of receipt and then transmission upward, of information. Each communicator will complete, but will not transmit this information.

FLASH REPORT

NEW YORK STATE
CIVIL DEFENSE COMMISSION

1. FROM		2. REPORT NUMBER	
3. INDICATE TYPE		(1) NUDET <input type="checkbox"/> (2) SIGHTING <input type="checkbox"/> (3) FALLOUT <input type="checkbox"/> (4) DOSE RATES <input type="checkbox"/> (5) OTHER <input type="checkbox"/>	
INCIDENT DATA			
4. D/TIME OF INCIDENT (1)(5)		5. LOCATION - U.T.M. (1)(5)	6. LOCATION - GEOGRAPHIC (1)(5)
7. NUDET SIZE (1) (Circle One) L M S U	9. SITUATION (5)		
8. NUDET TYPE (1) (Circle One) A S U	DATE/TIME (2-3-4)	U. T. M. (2) F. M. S. (3-4)	DEGREES (2) R/hr. (4)
A		B	
C			
10. SOURCE (1-2-5)			
DO NOT TRANSMIT			
11. DATE/TIME REC'D.		12. DATE/TIME TRANSM.	

CDW-NA-1-2/69

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RADIOLOGICAL COPY

OPERATIONS COPY