Incident Name/Number:				Ordering Agency Info (Requester w/phone	e):
Date:	Time:		Sunset +30:		
Order #:		Charge Code:			
Descriptive Location:					
Latitude:	Longitude:		Elevation:	Requested Resource(s):	
Distance: nautical miles	Bearing:	degrees	From:		
initial Point (IP) Descriptive: (IP) Latitude			(IP) Longitude:		
	 Freque	ncies:	I		
Air to Air Primary:		Air to Air Secondary:			
RX:		RX:			
TX:		TX:			
Air to Ground (Primary):		Ground Tactical:		Values at Risk or Additional Information:	
RX:		RX:			
TX:		TX:			
Command:		Flight Following:			
RX:		RX:			
TX:		TX:			
Air Contact:		Ground Contact:			
Incident Aircraft:					
Other Aircraft:		Aircraft Hazards:			
MTR/SUA:		TFR:		- 	M
LAT Reload: SEAT Reload		Helibase:			Minnesota Interagency Coordination Center Aviation Desk: (218) 327-4582 mnmncc_aviation@firenet.gov