



# FREMONT FIRE DEPARTMENT

## UAS DEPLOYMENT REPORT

RMS Incident number	Mission Date	Mission Time	Day of Week	NOTAM filed	
Location of Occurrence / Business Name / City, County			Shift	Battalion	
<b>Activity Type</b> (choose one)			<b>Weather Conditions</b> (choose all that apply)		
<input type="checkbox"/> Assist Other Agency <input type="checkbox"/> CBRNE Incident (Chemical, Biological, Radiological, Nuclear, & Explosives) <input type="checkbox"/> SOTF Assist <input type="checkbox"/> FPD Assist <input type="checkbox"/> Disaster Management <input type="checkbox"/> Emergency Response <input type="checkbox"/> Enhance Situational Awareness <input type="checkbox"/> Fire <input type="checkbox"/> Lost Boater <input type="checkbox"/> Missing Person <input type="checkbox"/> Search & Rescue <input type="checkbox"/> Special Event <input type="checkbox"/> Traffic Collision <input type="checkbox"/> Training <input type="checkbox"/> Water Rescue <input type="checkbox"/> Other			<input type="checkbox"/> Daylight <input type="checkbox"/> Darkness  <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk  <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Other ( <i>Specify</i> ):  <input type="checkbox"/> Calm <input type="checkbox"/> Windy ( <i>Specify Wind Speed</i> ): mph		
<b>Operation Information</b>					
Preplanned Operation: <input type="checkbox"/> (choose one)		Flight Time	Requesting Department/ Supervisor		
Emergency Deployment: <input type="checkbox"/>		Observer	Date	Time	
UAV Flown Pilot					