



**COUNTY OF SAN DIEGO**  
EMERGENCY MEDICAL SERVICES

MEDICAL CONTROL

**P-405A**

**COMMUNICATIONS FAILURE FORM**

Date: 7/1/2024

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**Report of Communications Failure**

<b>Incident Information</b>	<b>Agency Information</b>
<u>Incident #:</u>	<u>Agency/Unit #:</u>
<b>Communication Information</b>	
What was your approximate location when you first attempted to make contact <sup>1</sup> ?	
_____	
Was this an equipment issue or a technical issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this a routine busy radio traffic issue? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>1</sup> Approximate geographical location (e.g., I-15 South at Deer Springs Road). This information will be used to record geographic areas with weak radio or cellular service.