Hurricane Report

Click for Updates (V1.0) 06/21/20

*Sender Are you the Reporting Observer? ☐ Yes ☐ NO, means you are sending for anothe	er observer
*Reporting Observer Email	
*Reporting Observer Phone Number ()	
Geographic Area of Observed Event	
*City *County	
*State Country	
Latitude (if known) Longtitude (if known)	
Measurements ☐ Estimated ☐ Measured List Any Weather Instruments Used	
Wind Speed □ Unknown □ MPH/h □ KM/h □ Knots	
Gust Speed □ Unknown □ MPH/h □ KM/h □ Knots	
Wind Direction N NE E SE S SW W NW	
Barometric Pressure □ Unknown □ Inches □ Millibars	
Comments: (brief information to help quantify the intensity of this event)	
Administrative: For Form User YYYY-MM-DD 24:0	00 HOUR
*Message Sent to (Callsign):*Time Sent:*Time Sent:	
Sender Message Number: Receiver Message Number:	