Skywarn® Sector 1 Inbound Storm Report Form

Event Date:	County:	Net Activated Time:

LOCATION	SPOTTER	DAMAGE	TIME	FLOODING
LOCATION:	**CALL SIGN:** _____ **SPOTTER #**: _____	☐ MAJOR ☐ MINOR	START: _____ END: _____	☐ COVERS ROAD ☐ STANDING ☐ STILL ☐ FLOWING ☐ RISING DEPTH? _____ ☐ ESTIMATED ☐ MEASURED ACCUMULAED IN 1 HR IS GREATER THAN 0.50”? ☐ YES ☐ NO
CYCLONIC/SEVERE	**WIND**	**HAIL**		
☐ TORNADO ☐ ROTATION ☐ WALL COUD ☐ MICROBURST ☐ FUNNEL ☐ LIGHTNING STRIKE	MAX GUST SPEED ☐ MEASURED _____: mph ☐ESTIMATED DIRECTION:	HAIL SIZE: _____ DURATION: _____	☐ ESTIMATED ☐ MEASURED	
NOTES:				

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