Incident Status Summary

Submit to SEOC Operations Chief

Text fields limited to visible area
RED indicates required fields

Report Date MM/DD/YYYY

Report Time hhmm (24-hr.)

◯ Initial Report ◯ Update

Primary Incident Type: **List secondary types in *Other Incident Information* box**

Report by:

Reporting Jurisdiction:

Tribal Government:

Title:

Affected Cities:

E-mail:

Phone: 9999999999

Local PIO:

Media inquiries: ◯ Yes ◯ No

Media on scene: ◯ Yes ◯ No

Incident Commander:

IC Phone:

PIO E-mail:

PIO Phone:

Local EOC Activated: ◯ Yes ◯ No

Location:

EOC Phone:

Local Response:

Local Resources Expended:

Fatalities

Injuries

Mutual Aid Received:

Evacuations: ◯ Yes ◯ No

Location(s) (to):

Shelter(s): ◯ Yes ◯ No

Location(s):

Anticipated Needs: **THIS IS *NOT* A REQUEST FOR RESOURCES**

Search/Rescue: ◯ Yes ◯ No

Details:

Road Closures: **Specify Road Name (State Hwy/Cty Rd) and Location**

Select all other impacted infrastructure

Impact Details: ☐ Hospitals/Care Facilities ☐ Water Treatment Facilities ☐ Power Generation Facilities ☐ Other Infrastructure

Other Incident Information:

Rev. 1 (08/2010)

Print Form

Submit by E-mail