

Disaster Name Time Stamp

ASSIGNED TO Management Operations Planning Finance-Admin Logistics

INCIDENT STATUS Status **GIS** Plot Incident on GIS map

RECEIVED BY

Call Sign DCS/PVAN First Name Last Name

REPORTED BY

Call Sign First Name Last Name Best Phone

DCS/PVAN Address Street City

LOCATION

Address Street

City ZipCode

CROSS STREETS

Cross Street 1 Cross Street 2

GIS COORDINATES

Latitude Longitude

PLANNING INFORMATION Sheriff has been notified

PRIORITY INFORMATION

Priority 1 - Life Threatening

Priority 2 - Property Damage

Priority 3 - For Information Only

undetermined

CASUALTY / INJURY INFORMATION

Reported Injuries

Reported Fatalities

CATEGORY (choose no more than 3)

Fire Flooding Mud/Land Slide Structure Road/Street

Hazmat Water Line Sewer Line Power Line Phone Line

Vehicle Accident Traffic Control Animal Tree

MEMO