

# Incident Report

Original Report:  **OR** Incident Update:  Update #:

Date of Incident or Update:  Time of Incident or Update:  Task No.

Reported by:  Name  Dept/Agency  Contact Number

## Critical Information

Incident Type:	<input style="width: 95%;" type="text"/>	Location/ Site Name:	<input style="width: 95%;" type="text"/>
Incident Name:	<input style="width: 95%;" type="text"/>	Incident Status:	<input type="checkbox"/> Major Assistance Required <input type="checkbox"/> Assistance Required <input type="checkbox"/> Under Control <input type="checkbox"/> Resolved <input type="checkbox"/> Unknown <input type="checkbox"/> Closed
Incident Prognosis:	<input type="checkbox"/> Worsening <input type="checkbox"/> Improving <input type="checkbox"/> Stable <input type="checkbox"/> Unknown	Severity:	<input type="checkbox"/> Major <input type="checkbox"/> Unknown <input type="checkbox"/> Moderate <input type="checkbox"/> Minor
Lead Agency:	<input style="width: 95%;" type="text"/>		
Related Event:	<input style="width: 95%;" type="text"/>		
Initial Situation Summary/ Nature of Update:	<input style="width: 95%;" type="text"/>		
Anticipated Actions/ Support Required:	<input style="width: 95%;" type="text"/>		

## Location

Location/ Site Name:	<input style="width: 95%;" type="text"/>		
Street Address:	<input style="width: 95%;" type="text"/>	City, Province:	<input style="width: 95%;" type="text"/>
Intersection Street 1:	<input style="width: 95%;" type="text"/>	Intersection Street 2:	<input style="width: 95%;" type="text"/>

## Casualties & Infrastructure

	Confirmed	Estimated		Heavy	Moderate	Light	None
Fatalities	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Building Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injuries	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Utilities Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuees	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Road Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Other

Supporting Agencies:

Other Responding Agencies and Contact Information:

ICP Established:  Yes     No    ICP Location:

Completed by:  Name  Function/Title  Date & Time  Logged/ Entered:

Distribution:    Operations     Planning     EOCD     Other: \_\_\_\_\_