



## INCIDENT DATA COLLECTION REPORT

Disaster Name   Time Stamp   [BACK TO MAIN MENU](#)

### 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/Source First Name Last Name Best Phone  
     
DCS/PVAN Address Street City

### LOCATION/ DESCRIPTION

  
Address Street  
   
City ZipCode

### CROSS STREETS

  
Cross Street 1  
   
Cross Street 2

### GIS COORDINATES

Latitude  
  
Longitude

### PLANNING INFORMATION

Sheriff will be 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