

INITIAL INCIDENT INFORMATION		INCIDENT NAME		Information as of:		
				Date	Time	
NAME OF PERSON REPORTING THE INCIDENT						
Call-Back Number(s) of person reporting the incident:						
VESSEL/FACILITY INFORMATION AND POINTS OF CONTACT						
Vessel / Facility Name:			Number of people onboard/on site:			
Location:						
Type of Vessel / Facility:						
Contact / Agent:			Phone:			
Owner:			Phone:			
Operator / Charterer:			Phone:			
VESSEL SPECIFIC INFORMATION						
Last Port of Call:		Destination:		Flag:		
Particulars:	Length:	Ft.	Tonnage (Gross/Net/DWT):	Draft Fwd:	Aft:	
Year Built:						
Type of Hull: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Double-Bottom <input type="checkbox"/> Double-Sided						
Hull Material:						
Type of Propulsion: <input type="checkbox"/> Diesel <input type="checkbox"/> Steam <input type="checkbox"/> Gas Turbine <input type="checkbox"/> Nuclear <input type="checkbox"/> Other						
Petroleum Products or Crude Oil <input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of Cargo:			Total Number of Tanks on Vessel:			
Total Quantity:	Barrels x 42=	Gallons	Total Capacity:	Barrels		
Type of Fuel:			Quantity on Board:		Barrels	
INCIDENT INFORMATION						
Location:			Lat/Long:			
Type of Casualty: <input type="checkbox"/> Grounding <input type="checkbox"/> Collision <input type="checkbox"/> Allision <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Other						
Number of Tanks Impacted:			Total Capacity of Affected Tanks:			
Material(s) Spilled:			Viscosity:			
Estimated Quantity Spilled: (<input type="checkbox"/> Gallons / <input type="checkbox"/> Barrels)			Classification: <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major			
Source Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Not, Estimated Spill Rate: <input type="checkbox"/> Barrels <input type="checkbox"/> Gallons / Hour			
Notes:						
INCIDENT STATUS						
Injuries/Casualties:					<input type="checkbox"/> SAR Underway	
Vessel Status: <input type="checkbox"/> Sunk <input type="checkbox"/> Aground <input type="checkbox"/> Dead in Water			Set and Drift:			
<input type="checkbox"/> Anchored <input type="checkbox"/> Berthed <input type="checkbox"/> Under Tow			Estimated Time to Dock / Anchor:			
<input type="checkbox"/> Enroute to Anchorage / Berth Under Own Power			Estimated Time of Arrival:			
<input type="checkbox"/> Holed: <input type="checkbox"/> Above Waterline <input type="checkbox"/> Below Waterline <input type="checkbox"/> At Waterline			Approximate Size of Hole:			
<input type="checkbox"/> Fire: <input type="checkbox"/> Extinguished <input type="checkbox"/> Burning			<input type="checkbox"/> Assistance Enroute <input type="checkbox"/> Assistance On-Scene			
<input type="checkbox"/> Flooding: <input type="checkbox"/> Dewatering <input type="checkbox"/> Lightering			<input type="checkbox"/> Assistance Enroute <input type="checkbox"/> Assistance On-Scene			
<input type="checkbox"/> List: <input type="checkbox"/> Port <input type="checkbox"/> Starboard Degrees:			<input type="checkbox"/> Trim: <input type="checkbox"/> Bow <input type="checkbox"/> Stern Degrees:			
ENVIRONMENTAL INFORMATION						
Wind Speed:	Knots	Wind Direction:	Air Temperature:	F°	Water Temperature:	F°
Wave Height:	Feet	Wave Direction:	Conditions:		Tide: <input type="checkbox"/> Slack <input type="checkbox"/> Flood <input type="checkbox"/> Ebb	
Current:	Knots	Current Direction:			High Tide at:	Hours
Swell Height:	Feet	Swell Direction:			Low Tide at:	Hours
Prepared By:			Date / Time Prepared			
			June 2000			
INITIAL INCIDENT INFORMATION						

**INITIAL NOTIFICATION
INCIDENT INFORMATION**

Purpose. The Incident Information form provides the Incident Commander (and the Command and General Staff assuming command of the incident) with basic information regarding the incident situation and conditions.

Preparation. The initial Incident Information form is prepared by the responder receiving the first call reporting the incident. Subsequent updates to the form would be made by the Situation Unit.

Distribution. The initial form will be given to the Incident Commander. When updated, the Planning Section Chief will duplicate the Incident Information form and post a copy at the Situation Display in the Command Post. Single copies may then be distributed to the Command Staff, Section Chiefs, and Joint Information Bureau. All completed original forms MUST be given to the Documentation Unit.

Item Title	Instructions
All items	Enter information appropriate for all relevant items.