

## INCIDENT STATUS SUMMARY (ICS 209)

<b>*1. Incident Name:</b>		<b>2. Incident Number:</b>		
<b>*3. Report Version</b> (check one box on left): <input type="checkbox"/> Initial      Rpt # <input type="checkbox"/> Update      (if used): <input type="checkbox"/> Final	<b>*4. Incident Commander(s) &amp; Agency or Organization:</b>  	<b>5. Incident Management Organization:</b>  	<b>*6. Incident Start Date/Time:</b> Date: _____ Time: _____ Time Zone: _____	
<b>7. Current Incident Size or Area Involved</b> (use unit label – e.g., “sq mi,” “city block”):  	<b>8. Percent (%) Contained</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block; margin: 5px;">Completed</div>	<b>*9. Incident Definition:</b>  	<b>10. Incident Complexity Level:</b>  	<b>*11. For Time Period:</b> From Date/Time: _____ To Date/Time: _____

### Approval & Routing Information

<b>*12. Prepared By:</b> Print Name: _____ ICS Position: _____ Date/Time Prepared: _____	<b>*13. Date/Time Submitted:</b>  Time Zone: _____
<b>*14. Approved By:</b> Print Name: _____ ICS Position: _____ Signature: _____	<b>15. Primary Sending Location</b>  MNCC Intelligence

### Incident Location Information

<b>*16. State:</b>	<b>*17. County/Parish/Borough:</b>	<b>*18. City:</b>
<b>19. Unit or Other:</b> CAN NOT BE EDITED	<b>*20. Incident Jurisdiction:</b> CAN NOT BE EDITED	<b>21. Incident Location Ownership</b> (if different than jurisdiction):
<b>22. Longitude</b> (indicate format): <b>Latitude</b> (indicate format):	<b>23. US National Grid Reference:</b>	<b>24. Legal Description</b> (township, section, range):
<b>*25. Short Location or Area Description</b> (list all affected areas or a reference point):		<b>26. UTM Coordinates:</b>
<b>27. Note any electronic geospatial data included or attached</b> (indicate data format, content, and collection time information and labels):		

### Incident Summary

<b>*28. Fire Behavior and Significant Events for the Time Period Reported</b> (summarize significant progress made, evacuations etc.):  				
<b>29. Primary Materials, Hazards Involved and Significant Events</b> (hazardous chemicals, fuel types, infectious agents, radiation, etc.):  				
<b>30. Damage Assessment Information</b> (summarize damage and/or restriction of use or availability to residential or commercial property, natural resources, critical infrastructure and key resources, etc.):	A. Structural Summary	B. # Threatened (72 hrs)	C. # Damaged	D. # Destroyed
	E. Single Residences			
	F. Nonresidential Commercial Property			
	Other Minor Structures			
	Other			

# INCIDENT STATUS SUMMARY (ICS 209)

<b>*1. Incident Name:</b>	<b>2. Incident Number:</b>
---------------------------	----------------------------

**Additional Incident Decision Support Information**

	A. # This Reporting Period	B. Total # to Date		A. # This Reporting Period	B. Total # to Date
<b>*31. Public Status Summary:</b>			<b>*32. Responder Status Summary:</b>		
<i>C. Indicate Number of Civilians (Public) Below:</i>			<i>C. Indicate Number of Responders Below:</i>		
D. Fatalities			D. Fatalities		
E. With Injuries/Illness			E. With Injuries/Illness		
F. Trapped/In Need of Rescue			F. Trapped/In Need of Rescue		
G. Missing (note if estimated)			G. Missing		
H. Evacuated (note if estimated)			H. Sheltering in Place		
I. Sheltering in Place (note if estimated)			I. Have Received Immunizations		
J. In Temporary Shelters (note if est.)			J. Require Immunizations		
K. Have Received Mass Immunizations			K. In Quarantine		
L. Require Immunizations (note if est.)					
M. In Quarantine					
<i>N. Total # Civilians (Public) Affected:</i>			<i>N. Total # Responders Affected:</i>		

<b>33. Life, Safety, and Health Status/Threat Remarks:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>*34. Life, Safety, and Health Threat Management:</b>(MUST select One or More)</td> <td style="width: 20%; text-align: center;">A. Check if Active</td> </tr> <tr> <td>A. No Likely Threat</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>B. Potential Future Threat</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>C. Mass Notifications in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>D. Mass Notifications Completed</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>E. No Evacuation(s) Imminent</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F. Planning for Evacuation</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>G. Planning for Shelter-in-Place</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>H. Evacuation(s) in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>I. Shelter-in-Place in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>J. Repopulation in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>K. Mass Immunization in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>L. Mass Immunization Complete</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>M. Quarantine in Progress</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>N. Area Restriction in Effect</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<b>*34. Life, Safety, and Health Threat Management:</b> (MUST select One or More)	A. Check if Active	A. No Likely Threat	<input type="checkbox"/>	B. Potential Future Threat	<input type="checkbox"/>	C. Mass Notifications in Progress	<input type="checkbox"/>	D. Mass Notifications Completed	<input type="checkbox"/>	E. No Evacuation(s) Imminent	<input type="checkbox"/>	F. Planning for Evacuation	<input type="checkbox"/>	G. Planning for Shelter-in-Place	<input type="checkbox"/>	H. Evacuation(s) in Progress	<input type="checkbox"/>	I. Shelter-in-Place in Progress	<input type="checkbox"/>	J. Repopulation in Progress	<input type="checkbox"/>	K. Mass Immunization in Progress	<input type="checkbox"/>	L. Mass Immunization Complete	<input type="checkbox"/>	M. Quarantine in Progress	<input type="checkbox"/>	N. Area Restriction in Effect	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>*34. Life, Safety, and Health Threat Management:</b> (MUST select One or More)	A. Check if Active																																				
A. No Likely Threat	<input type="checkbox"/>																																				
B. Potential Future Threat	<input type="checkbox"/>																																				
C. Mass Notifications in Progress	<input type="checkbox"/>																																				
D. Mass Notifications Completed	<input type="checkbox"/>																																				
E. No Evacuation(s) Imminent	<input type="checkbox"/>																																				
F. Planning for Evacuation	<input type="checkbox"/>																																				
G. Planning for Shelter-in-Place	<input type="checkbox"/>																																				
H. Evacuation(s) in Progress	<input type="checkbox"/>																																				
I. Shelter-in-Place in Progress	<input type="checkbox"/>																																				
J. Repopulation in Progress	<input type="checkbox"/>																																				
K. Mass Immunization in Progress	<input type="checkbox"/>																																				
L. Mass Immunization Complete	<input type="checkbox"/>																																				
M. Quarantine in Progress	<input type="checkbox"/>																																				
N. Area Restriction in Effect	<input type="checkbox"/>																																				
	<input type="checkbox"/>																																				
	<input type="checkbox"/>																																				
	<input type="checkbox"/>																																				
<b>35. Weather Concerns</b> (synopsis of current and predicted weather; discuss related factors that may cause concern):																																					

**36. Projected Incident Activity, Potential, Movement, Escalation, or Spread** and influencing factors during the next operational period and in 12-, 24-, 48-, and 72-hour timeframes:

**12 hours:**

**24 hours:**

**48 hours:**

**72 hours:**

**Anticipated after 72 hours:**

**37. Strategic Objectives** (define planned end-state for incident):

# INCIDENT STATUS SUMMARY (ICS 209)

\*1. Incident Name:

2. Incident Number:

## Additional Incident Decision Support Information (continued)

**38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.** Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

**39. Critical Resource Needs in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives.** List resource category, kind, and/or type, and amount needed, in priority order:

12 hours:

24 hours:

48 hours:

72 hours:

Anticipated after 72 hours:

**40. Strategic Discussion: Explain the relation of overall strategy, constraints, and current available information to:**

- 1) critical resource needs identified above,
- 2) the Incident Action Plan and management objectives and targets,
- 3) anticipated results.

**Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.**

**41. Planned Actions for Next Operational Period:**

**42. Projected Final Incident Size/Area (use unit label – e.g., “sq mi”):**

**43. Anticipated Incident Management Completion Date:**

**44. Projected Significant Resource Demobilization Start Date:**

**45. Estimated Incident Costs to Date:**

**46. Projected Final Incident Cost Estimate:**

**47. Remarks (or continuation of any blocks above – list block number in notation):**

