**INCIDENT STATUS SUMMARY (ICS 209)**

|  |  |
| --- | --- |
| **\*1. Incident Name:** | **\*2. Incident Number:** |
| **\*3. Report Version** (check one box on left):0 Initial Rpt #0 Update (if used):0 Final | **\*4. Incident Commander(s) & Agency or Organization:** | **5. Incident Management Organization:** Dropdown menu options: Type 1 Team, Type 2 Team, Type 3 Team, Type 3 IC, Type 4 IC, Type 5 IC, Area Command, and NIMO | **\*6. Incident Start Date/Time:**Date: Time: Time Zone:  |
| **7. Current Incident Size****or Area Involved** (use unit label – e.g., “Acres“, Square Miles”): | **8a. Percent (%) Contained or Completed:**  **b. Total % of**  **Perimeter that will** **be Contained or**  **Completed:**  | **\*9. Incident****Type:**    **\*Cause:**  | **10. Incident Complexity Level:** Dropdown menu options include Type 1 to Type 5 Incident | **\*11. For Time Period:**From Date/Time: To Date/Time:  |
|  **\*Strategy:** |  **%** |
|  |  Monitor |  |  |  |
|  |  Confine |  |  |  |
|  |  Point Zone Protection |  |  |  |
|  |  Full Suppression |  |  |  |

***Approval & Routing Information***

|  |  |
| --- | --- |
| **\*12. Prepared By:**Print Name: ICS Position: Date/Time Prepared:  | **\*14. Date/Time Submitted:****Time Zone:** |
| **\*13. Approved By:**Print Name: ICS Position: Signature:  | **\*15. Primary Location, Organization, or****Agency Sent To:** |

***Incident Location Information***

|  |  |  |
| --- | --- | --- |
| **\*16. State:** | **\*17. County/Parish/Borough:** | **18. City:** |
| **19. Unit or Other:** | **20. Incident Jurisdiction:** | **\*21. Incident Location Ownership**(if different than jurisdiction): |
| **\*22. Latitude** (indicate format): **Longitude** (indicate format): | **23. US National Grid Reference:** | **24. Legal Description** (township, section, range): |
| **\*25. Short Location or Area Description** (list all affected areas or a reference point): | **26. UTM Coordinates:** |
| **27. Note any geospatial data available** (indicate data format, content, and collection time information and labels): |

***Incident Summary***

|  |
| --- |
| **\*28. Observed Fire Behavior or Significant Events for the Time Period Reported** (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents):**These are a dropdown menu in the application – in addition to space for a written narrative**. User may select one out of the following: Extreme, Active, Moderate, or Minimal. User may select three of the following: Crowning, Short Crown Runs, Uphill Runs, Wind Driven Runs, Running, Flanking, Backing, Creeping, Torching, Group Torching, Single Tree Torching, Isolated Torching, Spotting, Long-range Spotting, Short-range Spotting, and Smoldering. |
| **29. Primary Fuel Model, Materials, or Hazards Involved** (hazardous chemicals, fuel types, infectious agents, radiation, etc): User has the option to select three of the following fuel models from a dropdown menu: Short Grass, Timber (Grass and Understory), Tall Grass, Chaparral, Brush, Dormant Brush/Hardwood Slash, Southern Rough, Closed Timber Litter, Hardwood Litter, Timber (Litter and Understory), Light Logging Slash, Medium Logging Slash, and Heavy Logging Slash. There is also space for a written narrative. |
| **30. Damage Assessment Information** (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(up to 72 hrs) | C. # Damaged | D. # Destroyed |
| E. Single Residences |  |  |  |
| F. Multiple Residences |  |  |  |
| G. Mixed Commercial / Residential |  |  |  |
| H. Nonresidential Commercial Property |  |  |  |
| I. Other Minor Structures |  |  |  |
| **ICS 209, Page 1 of**  | *\* Required when applicable.* |

***Additional Incident Decision Support Information***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **31. Public Status Summary:** | A. # This Reporting Period | B. Total #to Date | **32. Responder Status Summary:** | A. # This Reporting Period | B. Total #to Date |
| C. *Indicate Number of Civilians (Public) Below:* | C. *Indicate Number of Responders Below:* |
| 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. Evacuated |  |  |
| I. Sheltering in Place (note if estimated) |  |  | I. Sheltering in Place |  |  |
| J. In Temporary Shelters (note if est.) |  |  | J. In Temporary Shelters |  |  |
| K. Have Received Mass Immunizations |  |  | K. Have Received Immunizations |  |  |
| L. Require Immunizations (note if est.) |  |  | L. Require Immunizations |  |  |
| M. In Quarantine |  |  | M. In Quarantine |  |  |
| *N. Total # Civilians (Public) Affected:* |  |  | *N. Total # Responders Affected:* |  |  |
| **33. Life, Safety, and Health Status/Threat Remarks:** | **\*34. Life, Safety, and Health Threat****Management:** | Check if Active |
| A. No Likely Threat | 0 |
| B. Potential Future Threat | 0 |
| C. Mass Notifications in Progress | 0 |
| D. Mass Notifications Completed | 0 |
| E. No Evacuation(s) Imminent | 0 |
| F. Planning for Evacuation | 0 |
| G. Planning for Shelter-in-Place | 0 |
| **35. Weather Concerns** (synopsis of current and predicted weather; discuss related factors that may cause concern): | H. Evacuation(s) in Progress | 0 |
| I. Shelter-in-Place in Progress | 0 |
| J. Repopulation in Progress | 0 |
| K. Mass Immunization in Progress | 0 |
| L. Mass Immunization Complete | 0 |
| M. Quarantine in Progress | 0 |
| N. Area Restriction in Effect | 0 |
|  | 0 |
|  | 0 |
|  | 0 |
| **\*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): |
| **ICS 209, Page 2 of**  | *\* Required when applicable.* |

***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., “Acres”, “Square Miles”): |
| **43. Anticipated Incident Containment or 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): |
| **ICS 209, Page 3 of**  | *\* Required when applicable.* |

***Incident Resource Commitment Summary***

|  |  |  |  |
| --- | --- | --- | --- |
| **48. Agency or****Organization:** | **49. Resources** (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box): | **50. Additional Personnel**not assigned to a resource: | **51. Total Personnel** (includes those associatedwith resources– e.g., aircraft or engines – and individual overhead): |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drop down menu in the application. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **52. Total****Resources:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **53. Additional Cooperating and Assisting Organizations Not Listed Above:** |
| **ICS 209, Page of**  | *\* Required when applicable.* |