

TF FATALITY PROCEDURE	INCIDENT	REPORTING UNIT	FORM US&R - 013
DISASTER#:	OPS PERIOD:	DATE/TIME PREPARED:	PREPARED BY:
TASK FORCE:			
NAME OF DECEASED:		DOB:	
POSITION ON TASK FORCE:		SS#:	
CIRCUMSTANCES OF DEATH:			
APPARENT CAUSE OF DEATH:			
EXACT LOCATION OF DEATH:			
NOTIFICATIONS:		FORMS COMPLETED:	
[ ] EST Director		[ ] Local Worker's Comp	
[ ] ESF-9 Leader		[ ] Jurisdiction Risk Management	
[ ] IST Leader		[ ] Federal Worker's Comp	
[ ] ESF- 8		[ ] OSHA 200	
[ ] Local Police		[ ] As indicated by local jurisdiction	
[ ] OSHA			
[ ] FEMA PIO			
[ ] Chaplain			
[ ] Deceased valuables secured by:		[ ] Location:	
CORONER/MEDICAL EXAMINER:			
Phone number:		Pager number:	
TF member assigned as body escort:			
Funeral Home:			
Phone number:			
Location:			
TASK FORCE NOTIFICATION PROTOCOLS COMPLETED: [ ] YES [ ] NO			
TF briefing to provide details to personnel: [ ] YES [ ] NO			
TF ability to continue?			
Name/Title (print):		Date/Time:	
Signature:		Addendum Attached: [ ] Yes [ ] No	