

**INCIDENT STATUS SUMMARY**  
(See reverse for general instructions)

1. Date		Time		2. INITIAL <input type="checkbox"/> UPDATE <input type="checkbox"/> FINAL <input type="checkbox"/>				3. Incident Name				4. Incident Number					
												(12) (8)					
5. Incident Commander				6. Jurisdictions		7. County		8. Type Incident				9. Location				10. Started	
																Date _____	
																Time _____ (6/4)	
11. Cause				12. Area Involved				13. % Contained		14. Expected Containment		15. Ext. Control		16. Declared Controlled			
										Date _____		Date _____		Date _____			
								(4)		Time _____ (6/4)		Time _____ (6/4)		Time _____ (6/4)			
17. Current Threat										18. Current Problems							
19. Est. Loss				20. Est. Savings				21. Injuries		Deaths		22. Line Built				23. Line to Build	
								(4)		(4)		(6)				(6)	
24. Current Weather				25. Predicted Weather				26. Costs to Date				27. Est. Total Cost					
WS Temp				WS Temp													
WD RH				WD RH													

**28. AGENCIES**

29. RESOURCES																			TOTALS
(4)	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	SR	ST	
ENGINES																			
DOZERS																			
CREWS																			
HELICOPTERS																			
AIR TANKERS																			
TRUCK COS.																			
RESCUE/MED.																			
WATER TENDERS																			
OTHER																			
OVERHEAD PERSONNEL																			
<b>TOTAL PERSONNEL</b>																			

30. Cooperating Agencies (52)

31. Remarks

(8 Lines/80)

32. Prepared By		33. Approved By				34. Sent To			
						Date _____ Time _____ By _____			