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Incident Command Form 209

Incident Status Summary

***1. Incident Name:**		**2. Incident Number:**	
***3. Report Version** (select item below):	Rpt # (if used):	***4. Incident Commander(s) and Agency or Organization:**	**5. Incident Management Team:**
***6. Incident Start Date/Time:**	Date / Time / T. Zone		
7. Current Incident Size in Area (measurement):	**8. Percent (%) Contained or Completed:**	***9. Incident Definition:**	**10. Incident Type, Severity, or Complexity Level:**
***11. Operational Period:**	From:	To:	

Approval and Routing Information

***12. Prepared By:**	ICS Position	Date/Time	*** 13. Date/Time Submitted:** / T. Zone
***14. Approved By:**	ICS Position	Signature	*** 15. Location Sent To:**

Incident Location Information

***16. State:**	***17. County:**	***18. City/Town:**
***19. Unit or Other:**	***20. Incident Jurisdiction:**	***21. Incident Location Ownership** (if different than jurisdiction):
***22. Latitude and Longitude** (indicate format):	***23. U.S. 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 electronic geospatial data included or attached** (indicate data format, metadata, and labels):

Incident Summary

***28. Significant Events for the Time Period Reported** (summarize significant progress made, evacuations, incident growth, etc.):

29. Materials or Hazards Involved (hazardous chemicals, fuel types, infectious agents, radiation, etc.)

30. Damage Assessment Information (summarize threatened, damaged and/or destroyed structures for residential, commercial, or industrial property. Include critical infrastructure in short summary):

Structure Summary	# Threatened (72 hrs)	# Damaged	# Destroyed
Single Family Residences			
Commercial and Industrial Property			
Accessory Structures			
Critical Infrastructure (CI)			

* Required when applicable.