

<b>INITIAL INCIDENT INFORMATION</b>		INCIDENT NAME		Information as of:		
				Date	Time	
NAME OF PERSON REPORTING THE INCIDENT						
Call-Back Number(s) of person reporting the incident:						
<b>VESSEL/FACILITY INFORMATION AND POINTS OF CONTACT</b>						
Vessel / Facility Name:			Number of people onboard/on site:			
Location:						
Type of Vessel / Facility:						
Contact / Agent:			Phone:			
Owner:			Phone:			
Operator / Charterer:			Phone:			
<b>VESSEL SPECIFIC INFORMATION</b>						
Last Port of Call:		Destination:		Flag:		
Particulars:	Length:	Ft.	Tonnage (Gross/Net/DWT):	Draft Fwd:	Aft:	Year Built:
Type of Hull: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Double-Bottom <input type="checkbox"/> Double-Sided						
Hull Material:						
Type of Propulsion: <input type="checkbox"/> Diesel <input type="checkbox"/> Steam <input type="checkbox"/> Gas Turbine <input type="checkbox"/> Nuclear <input type="checkbox"/> Other						
Petroleum Products or Crude Oil <input type="checkbox"/> Yes <input type="checkbox"/> No						
Type of Cargo:			Total Number of Tanks on Vessel:			
Total Quantity:	Barrels x 42=	Gallons	Total Capacity:	Barrels		
Type of Fuel:			Quantity on Board:		Barrels	
<b>INCIDENT INFORMATION</b>						
Location:			Lat/Long:			
Type of Casualty: <input type="checkbox"/> Grounding <input type="checkbox"/> Collision <input type="checkbox"/> Allision <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Other						
Number of Tanks Impacted:			Total Capacity of Affected Tanks:			
Material(s) Spilled:			Viscosity:			
Estimated Quantity Spilled: ( <input type="checkbox"/> Gallons / <input type="checkbox"/> Barrels )			Classification: <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major			
Source Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Not, Estimated Spill Rate: <input type="checkbox"/> Barrels <input type="checkbox"/> Gallons / Hour			
Notes:						
<b>INCIDENT STATUS</b>						
Injuries/Casualties:					<input type="checkbox"/> SAR Underway	
Vessel Status: <input type="checkbox"/> Sunk <input type="checkbox"/> Aground <input type="checkbox"/> Dead in Water			Set and Drift:			
<input type="checkbox"/> Anchored <input type="checkbox"/> Berthed <input type="checkbox"/> Under Tow			Estimated Time to Dock / Anchor:			
<input type="checkbox"/> Enroute to Anchorage / Berth Under Own Power			Estimated Time of Arrival:			
<input type="checkbox"/> Holed: <input type="checkbox"/> Above Waterline <input type="checkbox"/> Below Waterline <input type="checkbox"/> At Waterline			Approximate Size of Hole:			
<input type="checkbox"/> Fire: <input type="checkbox"/> Extinguished <input type="checkbox"/> Burning			<input type="checkbox"/> Assistance Enroute <input type="checkbox"/> Assistance On-Scene			
<input type="checkbox"/> Flooding: <input type="checkbox"/> Dewatering <input type="checkbox"/> Lightering			<input type="checkbox"/> Assistance Enroute <input type="checkbox"/> Assistance On-Scene			
<input type="checkbox"/> List: <input type="checkbox"/> Port <input type="checkbox"/> Starboard Degrees:			<input type="checkbox"/> Trim: <input type="checkbox"/> Bow <input type="checkbox"/> Stern Degrees:			
<b>ENVIRONMENTAL INFORMATION</b>						
Wind Speed:	Knots	Wind Direction:	Air Temperature:	F°	Water Temperature:	F°
Wave Height:	Feet	Wave Direction:	Conditions:		Tide: <input type="checkbox"/> Slack <input type="checkbox"/> Flood <input type="checkbox"/> Ebb	
Current:	Knots	Current Direction:			High Tide at: Hours	
Swell Height:	Feet	Swell Direction:			Low Tide at: Hours	
Prepared By:			Date / Time Prepared			
			June 2000 <b>INITIAL INCIDENT INFORMATION</b>			

**INITIAL NOTIFICATION  
INCIDENT INFORMATION**

**Purpose.** The Incident Information form provides the Incident Commander (and the Command and General Staff assuming command of the incident) with basic information regarding the incident situation and conditions.

**Preparation.** The initial Incident Information form is prepared by the responder receiving the first call reporting the incident. Subsequent updates to the form would be made by the Situation Unit.

**Distribution.** The initial form will be given to the Incident Commander. When updated, the Planning Section Chief will duplicate the Incident Information form and post a copy at the Situation Display in the Command Post. Single copies may then be distributed to the Command Staff, Section Chiefs, and Joint Information Bureau. All completed original forms **MUST** be given to the Documentation Unit.

Item Title	Instructions
All items	Enter information appropriate for all relevant items.