



PCSSD Emergency Response Plan

Incident Report Form

Incident Location: _____ **Date:** _____ **Time:** _____

Person Reporting Incident: _____ Telephone: _____

Nature Incident: _____

Person(s) injured: YES NO If yes, number: _____

Name(s): _____

Witness(es): _____

Action Taken: _____

Weather Factor(s): _____

School Canceled/Early Dismissal: _____ Time: _____

Location Secured: _____

Level of Threat/Hazard: _____

Property Damaged: _____

Lockdown Authority: _____ Date: _____

Time Imposed: _____ Time Lifted: _____

Evacuation from/to: _____

Transported to: _____

Transported by: _____

Other equipment/vehicles involved: _____



PCSSD Emergency Response Plan

Support Agencies called: YES NO

Called by: _____ Date: _____ Time: _____

Referred to: _____ Sent to: _____

Authority: _____ EMS: _____

Police: _____ Fire: _____

Other: _____

Demobilized - Agency: _____ Time: _____ Date: _____

Incident Management Team Involved: _____

Incident Cause: _____

Name(s): _____

Arrest: YES NO Discipline: YES NO Authority: _____

Court Involved: _____

Disposition: _____

Insurance Company/Representative: _____

Phone: _____ Claim #: _____

Report Preparer: _____

Phone: _____ Date: _____ Time: _____

Location Report Prepared: _____

Signature of Report Preparer: _____ Date: _____