### Incident Status Summary (ICS 209 WF)

**1. Incident Name:**
**2. Incident Number:**
**3. Report Version** (check one box on left):
- Initial Rpt #
- Update (if used):
- Final
**4. Incident Commander(s) & Agency or Organization:**
**5. Incident Management Organization:**
**6. Incident Start Date/Time:**
  - Date: 
  - Time: 
  - Time Zone:  
**7. Current Incident Size or Area Involved** (use unit label – e.g., "Acres", "Square Miles"):  
  **8a. Percent (%) Contained or Completed:** 
  **8b. Total % of Perimeter that will be Contained or Completed:**
**9. Incident Type:**
**9. Incident Cause:**
**9. Incident Strategy:**
- Monitor
- Confine
- Point Zone Protection
- Full Suppression
**10. Incident Complexity Level:**
**11. For Time Period:**
  - From Date/Time: 
  - To Date/Time:
**12. Prepared By:**
  - Print Name: 
  - ICS Position: 
  - Date/Time Prepared:  
**13. Approved By:**
  - Print Name: 
  - ICS Position: 
  - Signature:
**14. Date/Time Submitted:**
  - Time Zone:  
**15. Primary Location, Organization, or Agency Sent To:**
**16. State:**
**17. County/Parish/Borough:**
**18. City:**
**19. Unit or Other:**
**20. Incident Jurisdiction:**
**21. Incident Location Ownership** (if different than jurisdiction):
**22. Latitude (indicate format):**
**23. US 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:**

### Approval & Routing Information

**12. Prepared By:**
  - Print Name: ____________________ ICS Position: ________________
  - Date/Time Prepared: ____________________

**13. Approved By:**
  - Print Name: ____________________ ICS Position: ________________
  - Signature: ____________________

### Incident Location Information

**16. State:**
**17. County/Parish/Borough:**
**18. City:**
**19. Unit or Other:**
**20. Incident Jurisdiction:**
**21. Incident Location Ownership** (if different than jurisdiction):
**22. Latitude (indicate format):**
**23. US 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:**

### Incident Summary

**28. Observed Fire Behavior or Significant Events for the Time Period Reported** (describe fire behavior using accepted terminology. For non-fire incidents, describe significant events related to the materials or other causal agents):
**29. Primary Fuel Model, Materials, or Hazards Involved** (hazardous chemicals, fuel types, infectious agents, radiation, etc):

### Damage Assessment Information

<table>
<thead>
<tr>
<th>A. Structural Summary</th>
<th>B. # Threatened (up to 72 hrs)</th>
<th>C. # Damaged</th>
<th>D. # Destroyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Single Residences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Multiple Residences</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Mixed Commercial / Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Nonresidential Commercial Property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Other Minor Structures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required when applicable.*

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**Incident Name:**

**Incident Number:**

### Additional Incident Decision Support Information

#### 31. Public Status Summary:

<table>
<thead>
<tr>
<th>C. Indicate Number of Civilians (Public) Below:</th>
<th>D. Indicate Number of Responders Below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. # This Reporting Period</td>
<td>A. # This Reporting Period</td>
</tr>
<tr>
<td>B. Total # to Date</td>
<td>B. Total # to Date</td>
</tr>
</tbody>
</table>

- **D. Fatalities**
- **E. With Injuries/Illness**
- **F. Trapped/In Need of Rescue**
- **G. Missing (note if estimated)**
- **H. Evacuated (note if estimated)**
- **I. Sheltering in Place (note if estimated)**
- **J. In Temporary Shelters (note if est.)**
- **K. Have Received Mass Immunizations**
- **L. Require Immunizations (note if est.)**
- **M. In Quarantine**

### N. Total # Civilians (Public) Affected:

### N. Total # Responders Affected:

#### 32. Responder Status Summary:

<table>
<thead>
<tr>
<th>C. Indicate Number of Responders Below:</th>
<th>D. Indicate Number of Responders Below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. # This Reporting Period</td>
<td>A. # This Reporting Period</td>
</tr>
<tr>
<td>B. Total # to Date</td>
<td>B. Total # to Date</td>
</tr>
</tbody>
</table>

- **D. Fatalities**
- **E. With Injuries/Illness**
- **F. Trapped/In Need of Rescue**
- **G. Missing**
- **H. Evacuated**
- **I. Sheltering in Place**
- **J. In Temporary Shelters**
- **K. Have Received Immunizations**
- **L. Require Immunizations**
- **M. In Quarantine**

### 33. Life, Safety, and Health Status/Threat Remarks:

<table>
<thead>
<tr>
<th>A. No Likely Threat</th>
<th>B. Potential Future Threat</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Mass Notifications in Progress</td>
<td>D. Mass Notifications Completed</td>
</tr>
<tr>
<td>E. No Evacuation(s) Imminent</td>
<td>F. Planning for Evacuation</td>
</tr>
<tr>
<td>G. Mass Notifications</td>
<td>H. Planning for Shelter-in-Place</td>
</tr>
</tbody>
</table>

### 34. Life, Safety, and Health Threat Management:

| I. Shelter-in-Place in Progress |
| J. Repopulation in Progress |
| K. Mass Immunization in Progress |
| L. Mass Immunization Complete |
| M. Quarantine in Progress |
| N. Area Restriction in Effect |

### 35. Weather Concerns:

### 36. Projected Incident Activity, Potential, Movement, Escalation, or Spread

and influencing factors during the next 12-, 24-, 48-, and 72-hour timeframes:

- **12 hours:**
- **24 hours:**
- **48 hours:**
- **72 hours:**
- Anticipated after 72 hours:

### 37. Strategic Objectives

(Define planned end-state for incident):
### Additional Incident Decision Support Information (continued)

**38. Current Incident Threat Summary and Risk Information in 12-, 24-, 48-, and 72-hour timeframes and beyond.** Summarize primary incident threats to life, property, communities and community stability, residences, health care facilities, other critical infrastructure and key resources, commercial facilities, natural and environmental resources, cultural resources, and continuity of operations and/or business. Identify corresponding incident-related potential economic or cascading impacts.

- **12 hours:**
- **24 hours:**
- **48 hours:**
- **72 hours:**
- **Anticipated after 72 hours:**

**39. Critical Resource Needs** in 12-, 24-, 48-, and 72-hour timeframes and beyond to meet critical incident objectives. List resource category, kind, and/or type, and amount needed, in priority order:

- **12 hours:**
- **24 hours:**
- **48 hours:**
- **72 hours:**
- **Anticipated after 72 hours:**

### Strategic Discussion

Explain the relation of overall strategy, constraints, and current available information to:

1. critical resource needs identified above,
2. the Incident Action Plan and management objectives and targets,
3. anticipated results.

Explain major problems and concerns such as operational challenges, incident management problems, and social, political, economic, or environmental concerns or impacts.

### Planned Actions for Next Operational Period:

### Projected Final Incident Size/Area (use unit label – e.g., “Acres”, “Square Miles”):

### Anticipated Incident Containment or Completion Date:

### Projected Significant Resource Demobilization Start Date:

### Estimated Incident Costs to Date:

### Projected Final Incident Cost Estimate:

### Remarks (or continuation of any blocks above – list block number in notation):

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*Required when applicable.*
### Incident Resource Commitment Summary

| 48. Agency or Organization: | 49. Resources (summarize resources by category, kind, and/or type; show # of resources on top ½ of box, show # of personnel associated with resource on bottom ½ of box): | 50. Additional Personnel not assigned to a resource: | 51. Total Personnel (includes those associated with resources – e.g., aircraft or engines – and individual overhead): |
|----------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|
|                            |                                                                                                 |                              |
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|                            |                                                                                                 |                              |

52. Total Resources:

53. Additional Cooperating and Assisting Organizations Not Listed Above:

*Required when applicable.*