

MISSING PERSON INCIDENT

MAJOR INCIDENT REPORTING FORM

DUTY OFFICER INFORMATION:

1. INCIDENT NAME: _____
2. PREPARED BY: _____ PHONE: _____ DATE: _____ TIME: _____
3. STATUS: _____
4. LOCATION AND DESCRIPTION
 - a. NATURE OF INCIDENT: _____
 - b. INCIDENT LOCATION: _____
 - c. INCIDENT CITY: _____
 - d. REPORTING AGENCY/NAME: _____
5. CURRENT ORGANIZATION
 - a. INCIDENT COMMANDER: _____
 - b. COMMAND AGENCY: _____
 - c. CONTACT PHONE: _____
6. RESOURCES SUMMARY
 - a. LOCAL RESPONDERS: _____
 - b. STATE: _____
 - c. FEDERAL: _____
 - d. VOLUNTEER/PRIVATE: _____
7. INCIDENT SUMMARY
 - a. GENERAL
 - i. DEATHS: _____
 - ii. INJURIES: _____
 - b. DAMAGES: _____
 - c. SUMMARY: _____
8. DUTY OFFICER CALLED (605-773-3231)/emailed (sdoemdutyofficer@state.sd.us):

9. REGION 6 COORDINATOR CALLED (605-770-9540)/emailed (adam.frerichs@state.sd.us):

NON-DUTY OFFICER INFORMATION:

- CURRENT WEATHER CONDITIONS AT SCENE: _____
- WIND SPEED: _____ DIRECTION: _____ TEMPERATURE: _____ ° CLIMATE: _____
- AGENCIES ON SCENE: _____
- S.A.R. MEMBERS DEPLOYED: _____
- S.A.R. MEMBERS CALLED IN BUT NOT DEPLOYED: _____
- OEM/S.A.R. MEMBERS DEPLOYMENT EXCUSED: _____
- S.A.R. MEMBERS UNACCOUNTED FOR: _____
- S.A.R. EQUIPMENT DEPLOYED: _____