



THE SALVATION ARMY INTERMOUNTAIN DIVISION  
EMERGENCY DISASTER SERVICES  
**INCIDENT REPORT AND OPERATIONAL SUMMARY**

Complete BOTH pages and fax or mail to  
DHQ as soon as possible!  
**FAX TO: 303-866-9299**

<b>DATE OF INCIDENT:</b> _____ <b>COUNTY:</b> _____ <b>LOCATION OF INCIDENT:</b> _____ <b>REPORTING PERIOD:</b> _____	<b>SA UNIT (S) RESPONDING:</b> _____  <b>SA Incident Commander:</b> _____ <b>Phone/Cellphone #:</b> _____
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<b><u>TYPE OF INCIDENT (check all that apply)</u></b>  <input type="checkbox"/> FIRE (Structure) <input type="checkbox"/> FIRE (Wildland) <input type="checkbox"/> HAZARDOUS MATERIALS (specify): _____ <input type="checkbox"/> SEARCH AND RESCUE <input type="checkbox"/> FLOOD <input type="checkbox"/> SEVERE WEATHER (specify): _____ <input type="checkbox"/> TERRORIST ATTACK <input type="checkbox"/> TRANSPORTATION ACCIDENT (specify kind): _____ <input type="checkbox"/> OTHER (specify): _____	<b><u>DAMAGE ASSESSMENT:</u></b> (estimated or known number of inhabited family dwellings affected).  Minor damage # _____ Major damage # _____ Destroyed # _____  Number of people in temporary shelter: _____  <i>*Obtain this number from the local Red Cross, Fire Department, or emergency mgmt agency.</i>
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<b><u>DIRECT SERVICES PROVIDED (check all that apply)</u></b>	<b><u>STATISTICAL INFORMATION</u></b>
<input type="checkbox"/> FOOD SERVICE (specify meals, drinks, snacks, etc.) _____	
<input type="checkbox"/> EMERGENCY FINANCIAL ASSISTANCE (casework): cases _____ people _____	
<input type="checkbox"/> REFERRAL FOR SERVICE TO OTHER ORGANIZATIONS: cases _____ people _____	
<input type="checkbox"/> PASTORAL COUNSELING: cases _____ people _____	
<input type="checkbox"/> EMERGENCY SHELTER (HOUSING): cases _____ people _____	
<input type="checkbox"/> DONATED GOODS DISTRIBUTION (attach report with specifics)	
<input type="checkbox"/> MOBILE OUTREACH cases _____ people _____	
<input type="checkbox"/> OTHER (specify): _____	

**LIST OTHER AGENCIES INCLUDING LAW ENFORCEMENT INVOLVED:** \_\_\_\_\_

**WERE STATE OR FEDERAL AUTHORITIES INVOLVED? Y N**

**LOCATION OF STATE OR FEDERAL DISASTER FIELD OFFICE:** \_\_\_\_\_

**GOVERNMENT CONTACT NAME/PHONE NUMBER:** \_\_\_\_\_

**COMPLETE BOTH PAGES AND FAX TO DHQ AT 303-866-9299 ASAP.**

**SALVATION ARMY RESOURCES UTILIZED**

TOTAL NUMBER OF VEHICLES USED: \_\_\_\_\_

EMERGENCY CANTEEN VEHICLES USED: \_\_\_\_\_

HOME LOCATIONS OF CANTEENS VEHICLES USED (example: Denver trailer, Butte mobile):

LIST ALL PARTICIPATING SALVATION ARMY SERVICE EXTENSION UNITS, CORPS, OR OTHER INSTITUTIONS:

**SALVATION ARMY PERSONNEL DEPLOYED/UTILIZED**

TOTAL NUMBER EMPLOYEES: \_\_\_\_\_ TOTAL HOURS WORKED: \_\_\_\_\_

TOTAL NUMBER OF OFFICERS: \_\_\_\_\_ TOTAL HOURS WORKED: \_\_\_\_\_

TOTAL NUMBER OF VOLUNTEERS: \_\_\_\_\_ TOTAL HOURS WORKED: \_\_\_\_\_

SALVATION ARMY TEAM EMERGENCY RADIO NETWORK (SATERN) OR AMATEUR RADIO VOLUNTEERS DEPLOYED?                      YES                      NO

TOTAL RADIO VOLUNTEERS: \_\_\_\_\_ TOTAL HOURS WORKED: \_\_\_\_\_

DATE OF SERVICE COMPLETION: \_\_\_\_\_

TIME OF SERVICE COMPLETION: \_\_\_\_\_ AM \_\_\_\_\_ PM

Total cost of purchased items: \$ \_\_\_\_\_ Total cost of rentals: \$ \_\_\_\_\_

Total cost associated with direct service: \$ \_\_\_\_\_

**GRAND TOTAL – EXPENSES OF OPERATION:**

\$ \_\_\_\_\_

Total value of gifts-in-kind/donations: \$ \_\_\_\_\_ Other (specify): \$ \_\_\_\_\_

Total value of items still on hand: \$ \_\_\_\_\_

NOTES/COMMENTS:

NAME OF PERSON COMPLETING FORM: \_\_\_\_\_ Phone: \_\_\_\_\_

**QUESTIONS? Call toll-free: 1-800-999-1865 extension 296 or 274.**

**The Salvation Army**

**Divisional Service Extension and Emergency Disaster Services Department**

**Intermountain Divisional HQ PO Box 2369 Denver, Colorado 80201**