

INCIDENT STATUS SUMMARY	TASK #	DATE COMPLETED: TIME COMPLETED:
TASK NAME:	FOR OPERATIONAL PERIOD #	PREPARED BY (PLANNING):

#	SUBJECT NAME(S)	AGE	SEX
1			
2			
3			

DATE LAST SEEN:	TIME LAST SEEN:	POINT LAST SEEN:
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#	DESCRIPTION OF CLUE/EVIDENCE FOUND	LOCATION	TIME	DATE
1				
2				
3				
4				
5				

TOTAL SEARCH AREA (SQ Km/MILES):					
AREA/SEGMENT NAME OR ASSIGNMENT NUMBER	PRIORITY	RESOURCE	TIMES SEARCHED	% POA	% POD

#	SAR TEAMS RESPONDING	#
1		
2		
3		
4		
5		
6		
#	OTHER AGENCIES RESPONDING	#
1		
2		
3		
4		
5		
GENERAL PUBLIC VOLUNTEERS		
TOTAL PERSONNEL ON SITE		

COMMENTS
APPROVED BY (DEPUTY/) INCIDENT COMMANDER:
ICS 209