



Emergency Management and Response

Event Name/Date: _____ Name of investigator: _____

Short description of observation: _____ Date of observation: _____

I. Location: (please be as detailed as possible):

a. Descriptive: _____

b. Street:

Address Number	Direction (N, S, E, W)	Street Name	Suffix (Rd, St, Ave)
Cross Street (if available):			

c. City: _____ d. County: _____ e. Zip: _____

f. Map Reference (Quad, etc.) : _____ g. Latitude: _____ h. Longitude: _____

i. Thomas Bros. Page: _____ Grid: _____ j. Station ID: _____

II. Emergency Response:

Describe effectiveness of emergency services:

Were search and rescue operations carried out? If so, describe. Note location, nature and extent:

Did communications problems occur? _____

If so, describe--e.g., hardware problems, social/cultural problems, interaction between two:

Emergency Management and Response (continued)

Was an emergency operations plan in place? Was it followed? _____

Were temporary measures necessary, e.g., backup generators, rerouting, etc.?

Suggestions for further investigation:

V. Miscellaneous:

Film or digital images (include filename and/or roll information): _____

Sketches/Comments: