

# SPOT INCIDENT REPORT

## SUBMITTING AGENCY INFORMATION:

DATE OF INCIDENT: \_\_\_\_\_ AGENCY JURISDICTION: \_\_\_\_\_  
\_\_\_\_\_

INCIDENT NAME: \_\_\_\_\_ AGENCY REFERENCE #: \_\_\_\_\_

STATE OES #: \_\_\_\_\_ SUBMITTER INFO: NAME- \_\_\_\_\_  
\_\_\_\_\_ PHONE # \_\_\_\_\_

## SPOT INFORMATION:

SPOT REFERENCE #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

WHICH BUTTON WAS PUSHED?  '911'  'HELP'

WHO DID SPOT/RP NOTIFY?  LOCAL 911  YOUR DISPATCH

SPOT GENERAL INFO TRANSMITTED (reg. owner, contact phone #'s, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPOT TIME NOTIFIED	INFO SOURCE	INFO-LAT/LONG
1 <sup>st</sup>	_____	_____
2 <sup>nd</sup>	_____	_____
3 <sup>rd</sup>	_____	_____
4 <sup>th</sup>	_____	_____
5 <sup>th</sup>	_____	_____
6 <sup>th</sup>	_____	_____
7 <sup>th</sup>	_____	_____
8 <sup>th</sup>	_____	_____
9 <sup>th</sup>	_____	_____
10 <sup>th</sup>	_____	_____

ANY ISSUES/COMMENTS WITH/ABOUT DEALING WITH SPOT DISPATCH?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GENERAL SPOT INFORMATION:**

WHEN PURCHASED: \_\_\_\_\_

WAS IT RENTED:  YES

Revision 1 11-03-08

**AGENCY INFORMATION:**

**GENERAL MISSION INFO:**

REASON FOR ACTIVATION:  INJURED  LOST  ACCIDENTAL

LEVEL OF VICTIM EXPERIENCE:  LOW  MODERATE  EXPERIENCED

LEVEL OF VICTIM PREPAREDNESS:  LOW  MODERATE  HIGH

TYPE OF TERRAIN: \_\_\_\_\_

WEATHER CONDITIONS: \_\_\_\_\_

# OF OPERATIONAL PERIODS: \_\_\_\_\_ WHO FOUND:  GROUND  AIR

ACTUAL COORDINATES OF FOUND VICTIM (lat/long or UTM): \_\_\_\_\_  
 NAD27  NAD83  WGS84

HOW FAR AWAY WAS VICTIM FOUND FROM SPOT COORDINATES? \_\_\_\_\_

DID VICTIM SURVIVE?:  YES  NO

Did your agency have any problems or difficulties properly utilizing the SPOT info (ie dispatch, lack of maps, etc.)?: \_\_\_\_\_

In the opinion of the rescuer (you) could the victim have self rescued or did they take the easy way out by activating the SPOT?: \_\_\_\_\_

Any lessons learned in dealing with SPOT?: \_\_\_\_\_

**VICTIM/S INFO (please ask at victim debrief):**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT TIME DID YOU ACTIVATE THE SPOT?: \_\_\_\_\_

How hard was it to make the decision to activate the SPOT? If you hesitated-why?  
\_\_\_\_\_

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**PLEASE ATTACH ANY OTHER COMMENTS/INFO ON A SEPARATE SHEET OF PAPER  
FAX COMPLETED FORM TO 909-387-0667 OR EMAIL TO: [jmrhein@sbcisd.org](mailto:jmrhein@sbcisd.org)**

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