



Des Moines County CERT Team
Self-Activation Incident Reporting Form

Report Date/Time: ___/___/___ ___:___ am/pm

CERT Member Contact Info

Name: _____ CERT Team # _____
Telephone: ___-___-___
E-Mail: _____

Location of Incident: _____ (Street Address, City)

Time of Incident: ___:___ am/pm

Was Police Notified: YES/NO Was Fire Notified: YES/NO Time ___:___ am/pm
Emergency responder departments on scene (list all): _____

Details of the Incident (include number of people involved, number of vehicles):

Action Taken: (What did you do?)

Was First Aid/CPR Performed? YES/NO Traffic Control? YES/NO
Did you wear your CERT vest? YES/NO
Where you injured? YES/NO. If YES, list injuries: _____

Time Clear of Incident: ___:___ am/pm

I _____ hereby certify that all statements and information stated above is the truth and that I rendered assistance to the best of my ability and within the means and rules of the Des Moines County CERT Team.

Signature : _____ Date: ___/___/___