



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: \_\_\_/\_\_\_/\_\_\_