



Traffic Incident Management Debrief Form

Submit completed form to:
 TIME Task Force
 ATTN: Operations Committee Chairman
www.timetaskforce.com

Incident Information	
Incident Type:	
Date:	
Time:	
Location:	
County:	
Municipality:	
Weather:	

Responding Agencies Involved	
Police	
Fire	
HERO	
DOT Maint	
Towing/Recovering	
Other	

Incident Statement <i>(Provide a brief overview of the lesson learned)</i>

Discussion of Activities <i>(Provide a factual description of the events and circumstances)</i>

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Incident Information	
Analysis <i>(Provide an analysis of the activities, describing both good practices and opportunities for improvement)</i>	
Recommended Actions <i>(Make specific recommendations for actions to be taken by agency type or specific agency.)</i>	
Applicable Agencies <i>(List the agencies or organizations to which the lesson learned will apply.)</i>	
Additional Key Phrase(s) <i>(Include key words or phrases that will assist in recovering this incident using search engines.)</i>	
Can this lesson be included in the TIME Debrief Database? <i>Yes or No</i>	

Contact Information	
Title	
Name	
Agency	
Address	
Phone	
Email	
Discipline (Fire, Police, Haz-Mat, DOT, Towing, EMS, etc)	