









W	Who you are	
L	Location Address, Intersection	
O	Occupancy Type Of Container - Rail Car - Vehicle <i>Tractor Trailer, Box Truck, Tanker Truck...</i>	
I	Incident Type Derail, T/C, Rollover, Collapse, ...	
F	Fire Yes / No	
M	Material Specific Name If Known Liquid, Gas, Powder	
S	Speed - Static - Dynamic - Running - Flowing - Dripping	
D	Direction Product Movement & Wind - Downhill, N,S,E,W - Wind from N,S,E,W	
S	Special Info - Exposures - Travel Route - Storm Drains	