

INCIDENT INFORMATION		
1. AGENCY/CONTRACTOR NAME:		2. AGENCY/CONTRACTOR INFORMATION SECURITY OFFICER'S NAME:
3. AGENCY/CONTRACTOR ADDRESS:		4. AGENCY/CONTRACTOR TELEPHONE:
5. DATE/TIME OF INCIDENT: UNKNOWN	6. DATE INCIDENT DETECTED: UNKNOWN	7. INCIDENT REPORTED TO: CALIFORNIA DEPARTMENT OF AGING DISTRICT ATTORNEY CA HWY PATROL ATTORNEY GENERAL OTHER:
8. INCIDENT LOCATION : *CELL WILL EXPAND AUTOMATICALLY		
9. DESCRIPTION OF INCIDENT: *CELL WILL EXPAND AUTOMATICALLY		
10. MEDIA DEVICE TYPE, IF APPLICABLE:		11. WAS THE PORTABLE STORAGE DEVICE ENCRYPTED? YES NO UNKNOWN
12. IF NO, EXPLAIN:		
13. DESCRIBE THE COSTS ASSOCIATED WITH RESOLVING THIS INCIDENT:		14. TOTAL ESTIMATED COST OF INCIDENT: \$
15. TYPE OF PERSONALLY IDENTIFIABLE INFORMATION (CHECK ALL THAT APPLY): NO PERSONAL INFORMATION SOCIAL SECURITY NUMBER HEALTH OR MEDICAL INFORMATION FINANCIAL ACCOUNT NUMBER NAME DRIVER'S LICENSE/STATE ID NUMBER OTHER (SPECIFY)		
16. IS A PRIVACY DISCLOSURE NOTICE REQUIRED? YES NO *IF A PRIVACY DISCLOSURE NOTICE IS REQUIRED, ATTACH A SAMPLE OF THE NOTIFICATION.	17. NUMBER OF INDIVIDUALS AFFECTED:	18. DATE NOTIFICATION(S) MADE TO THE INDIVIDUAL:
19. HAVE THOSE RESPONSIBLE FOR THE INCIDENT BEEN IDENTIFIED? YES NO COMMENT:		
20. CORRECTIVE ACTIONS TAKEN TO PREVENT FUTURE OCCURRENCES: *CELL WILL EXPAND AUTOMATICALLY		
21. ESTIMATED COST OF CORRECTIVE ACTIONS: \$	22. DATE CORRECTIVE ACTIONS WILL BE FULLY IMPLEMENTED:	
SIGNATURES		
23. PRINT - AGENCY/CONTRACTOR INFORMATION SECURITY OFFICER:	SIGNATURE:	DATE:

24. PRINT - AGENCY/CONTRACTOR PRIVACY OFFICER:	SIGNATURE:	DATE:
25. PRINT - AUTHORIZED SIGNATURE/DIRECTOR:	SIGNATURE:	DATE: