CISA INCIDENT REPORTING SYSTEM

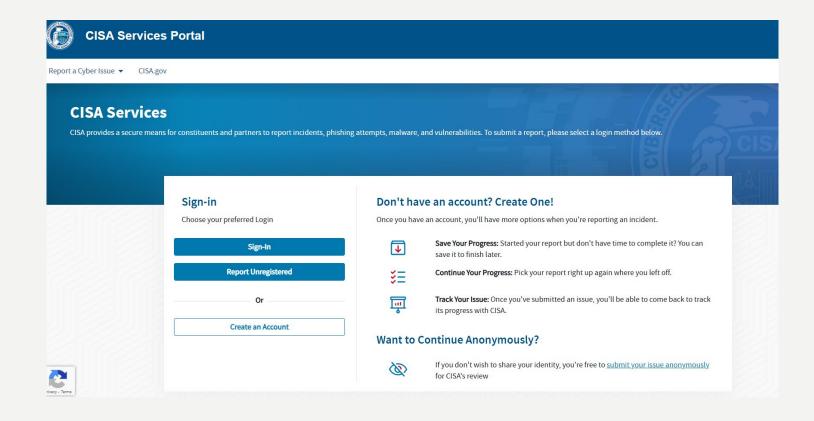
SCREENSHOTS

IRF INDEX - IRF

OMB CONTROL NO.: 1670-0037; EXPIRATION DATE: 1/31/2028



SIGN-IN



REPORT TO CISA 1 OF 3

Report to CISA

CISA provides secure means for constituents and partners to report incidents, phishing attempts, malware, and vulnerabilities. To submit a report, please select the appropriate method from below:

Report a Cyber Issue



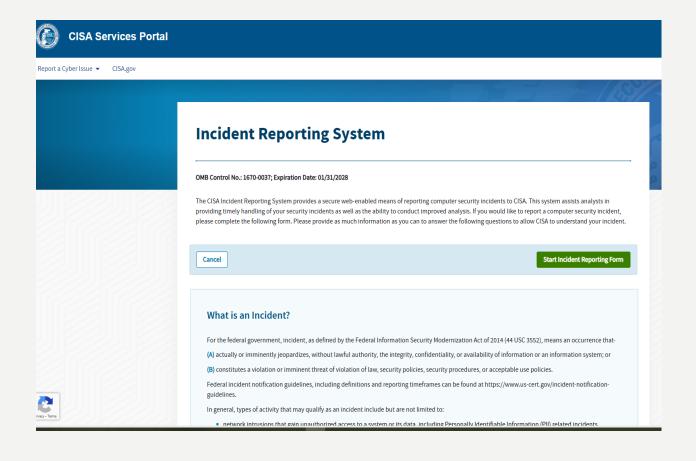
Report incidents as defined by NIST Special Publication 800-61 Rev 2, to include

- · Attempts to gain unauthorized access to a system or its data,
- Unwanted disruption or denial of service, or
- Abuse or misuse of a system or data in violation of policy.

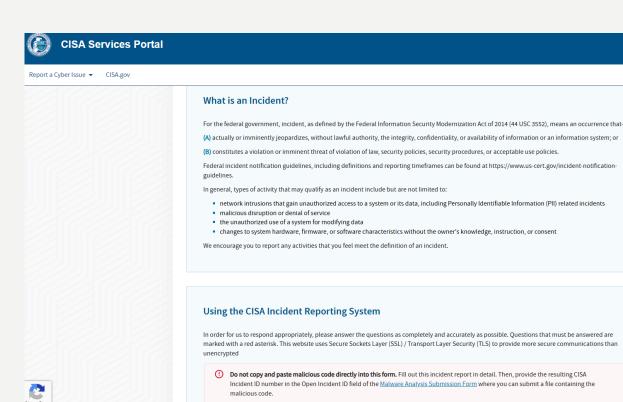
Federal incident notification guidelines, including definitions and reporting timeframes can be found here.

Report Incident

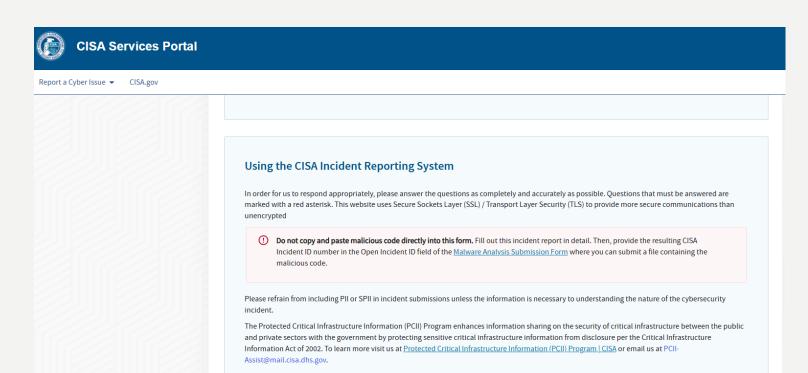
REPORT TO CISA 2 OF 3



REPORT TO CISA 3 OF 3



REPORT TO CISA



INSTRUCTIONS, CONTINUED

Using the CISA Incident Reporting System

In order for us to respond appropriately, please answer the questions as completely and accurately as possible. Questions that must be answered are marked with a red asterisk. This website uses Secure Sockets Layer (SSL) / Transport Layer Security (TLS) to provide more secure communications than unencrypted email.

Do not copy and paste malicious code directly into this form. Fill out this incident report in detail. Then, provide the resulting CISA Incident ID number in the Open Incident ID field of the Malware Analysis Submission Form where you can submit a file containing the malicious code.

Please refrain from including PII or SPII in incident submissions unless the information is necessary to understanding the nature of the cybersecurity incident.

Show Pending Required Fields Panel Show Malware Submissions Panel

All fields are optional unless marked * Required

I am:

the impacted user

oreporting on behalf of the impacted user

CONTACT INFORMATION

| MY CONTACT INFORMATION | | |
|--|-----------|--|
| Please provide your contact information so that we are able to contact you should we need to follow-up. Your contact information is not required to submit a report using this form. However, incomplete contact information may limit US-CERT's ability to process or act on your report. | | |
| First Name | Last Name | |
| | | |
| Telephone | | |
| | | |
| Email Address * Required | | |
| | | |

ORGANIZATION

| Y ORGANIZATION | | |
|----------------|--|--|
| /hat | type of organization are you? * Required | |
| Pri | vate Sector | |
| | Please enter your company name: | |
| | Please specify either Business or Individual *Required | |
| | ○ Business ○ Individual | |
| ise | enter the organization's internal tracking number (if applicable): | |
| | | |

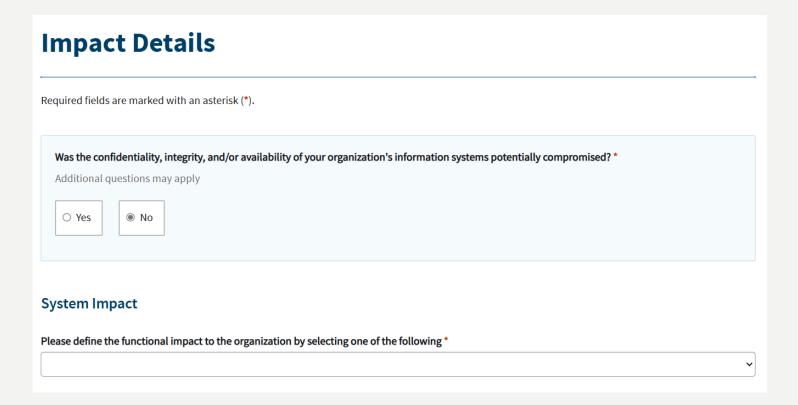
ORGANIZATION DETAILS

| Organization Details | |
|--|------|
| Required fields are marked with an asterisk (*). | |
| The Impacted Organization's Details | |
| What type of organization are you reporting for?* | • |
| Please enter the impacted organization's internal tracking number (if applicable): | |
| Back | Next |

INCIDENT DESCRIPTION

| Incident Description | | |
|--|------------------------------------|-------------|
| Required fields are marked with an asterisk (*). | | , |
| Incident Description | | |
| When approximately, did the incident start? * | When was this incident detected? * | |
| mm/dd/yyyy: | mm/dd/yyyy; | : :: |
| Please enter a brief description of the incident * | | |
| | | |
| Back | | Next |

IMPACT DETAILS 1 OF 7



IMPACT DETAILS 2 OF 7

| System Impact Please define the functional impact to the organization by selecting one of the following * | | | |
|---|------------------------------------|-----------------------|-----------|
| nat is the number of systems impa | acted? * | How many users are im | pacted? * |
| How was this incident detected? | | | |
| ☐ Administrator | ☐ Intrusion Detection System (IDS) | □ User | ☐ Unknown |
| ☐ Anti-Virus (AV) Software | ☐ Log Review | □ Other | |

IMPACT DETAILS 3 OF 7

| What operating systems (OS) are impa | acted? | | |
|---|--|---|-------------------|
| Operating System #1 | | | * |
| Operating System name | Operating System Vers | ion | |
| + Add Detail For Impacted OS | | | |
| What is the function of the system(s) a | ffected? Please select all that apply * | | |
| □ Application Server(s)□ Database Server(s)□ Desktop(s)□ Domain Name Server(s) | ☐ Firewall(s)☐ ICS/SCADA System(s)☐ Mail Server(s)☐ Router(s) | ☐ Switch(es)☐ Time Server(s)☐ Web Server(s)☐ Laptop(s) | ☐ Other Server(s) |

IMPACT DETAILS 4 OF 7

| Please Enter the Indicator Type | |
|---------------------------------|---|
| Indicator Type #1 | • |
| Please Enter the Indicator Type | |
| | ~ |
| Indicators | |
| | |
| | |
| | |
| Indicator Context | |
| | |
| | |
| | |
| | |
| + Add Indicator Type | |

IMPACT DETAILS 5 OF 7

| Enter a Common Vulnerabilities and Exposure Identifier (CVE-ID). Please do not include the CVE prefix (e.g., 2014-7654321): | |
|--|---|
| | |
| | |
| | |
| Observed Activity | |
| Where was the activity observed * | Characterize the observed activity at its most severe level * |
| • | • |
| | |
| | |
| | |

IMPACT DETAILS 6 OF 7

| Impa | mpact Information | |
|-------|--|--|
| | at is the known informational impact from the incident? * litional questions may apply | |
| Numbe | er of records impacted * | |
| | | |
| Reco | very From Incident | |
| | ase select the organization's recoverability for this incident * litional questions may apply | |

IMPACT DETAILS 7 OF 7

| Does your agency currently consider this to be a breach that must be reported to Congress within 30 days in accordance with OMB Policy? | | |
|--|--|--|
| ○ Yes No | | |
| | | |
| Back Review | | |
| Privacy Act Statement | | |
| Authority: 5 U.S.C. § 301 and 44 U.S.C. § 3101 authorize the collection of this information. | | |
| Purpose: The primary purpose for the collection of this information is to allow the Department of Homeland Security to contact you about your request. | | |
| Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System November 25, 2008, 73 FR 71659. | | |
| Disclosure: Some entities are regulatory or statutorily required to submit incident reports to DHS, and those entities must provide information in this form as required by applicable statute, regulation, or similar mandate. Failure for provide this information may result in inaccurate record keeping of the entity's compliance. For non-mandatory incident reporting, providing this information is voluntary. However, failure to provide this information will prevent DHS from contacting you in the event there are questions about your report. | | |

PRIVACY ACT STATEMENT

Privacy Act Statement

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Version: 3.0 | Report ID: 2021-USCERTv31WBQE8 | Date: 202110121410 Email comments and feedback on the Incident Reporting Form™

PAPERWORK REDUCTION ACT STATEMENT

• CISA estimates that the total average burden per response associated with this collection is approximately 0.05 hours. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number for this collection is OMB 1670-0037, which expires 1/31/2028. Send comments regarding this burden estimate or collection to: DHS/CISA, Attention: PRA 1670-0037, Mailstop: 0635, 245 Murray Lane SW Bldg 410, Washington, DC 20528.