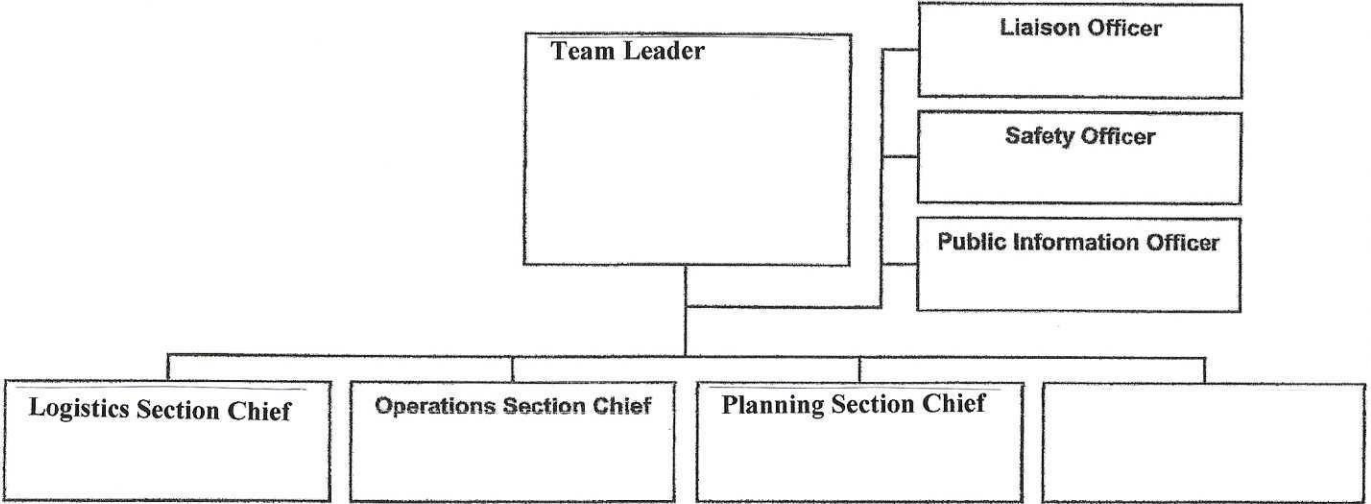


# INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: _____ Time: _____
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9. Current Organization (fill in additional organization as appropriate):



6. Prepared by: Name: _____	Position/Title: _____	Signature: _____
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ICS 201, Page 3	Date/Time: _____
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