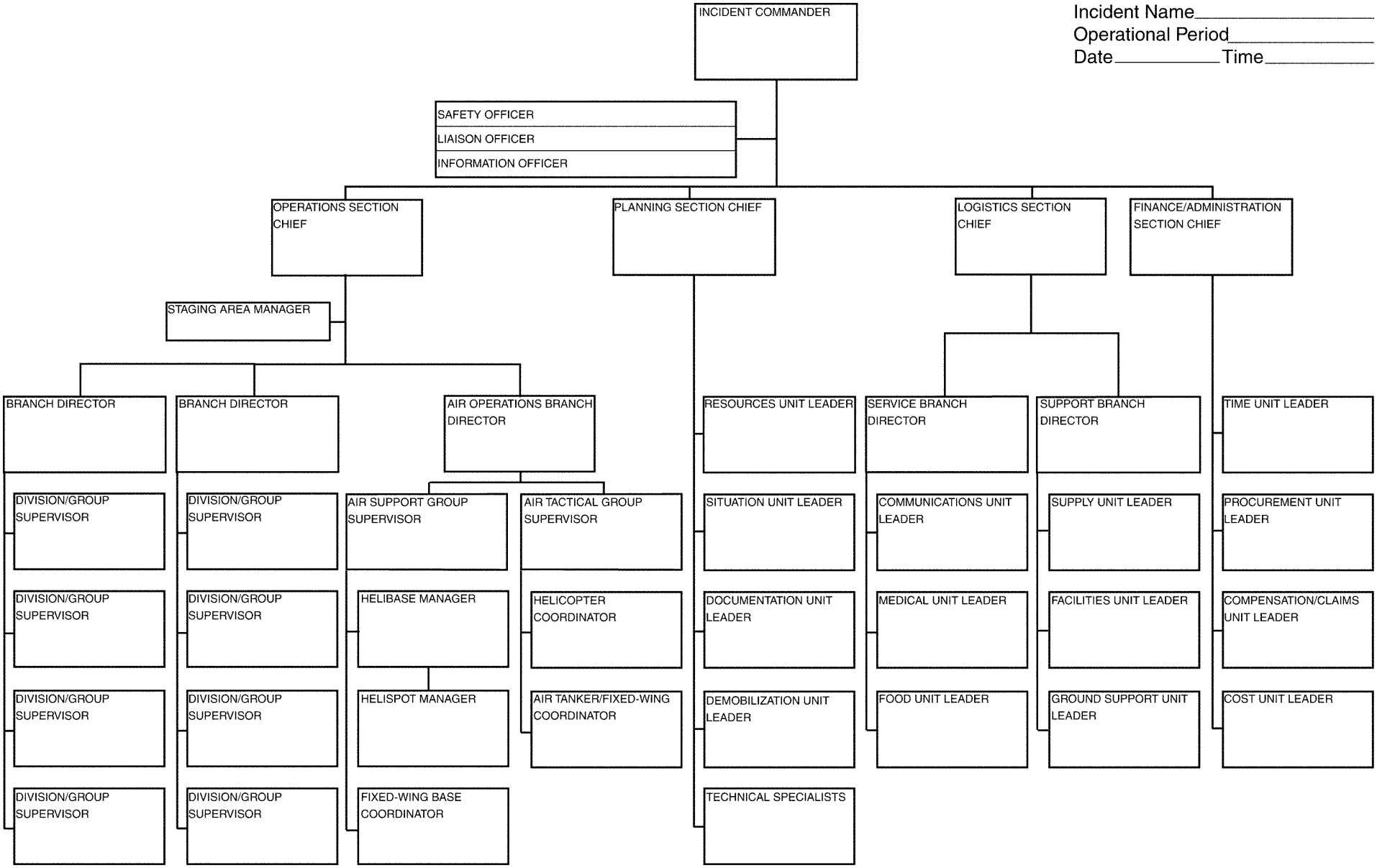Incident Name_____
Operational Period_____
Date_____Time_____