

1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201-CG
3. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)		
4. Current Situation:		

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5. Initial Response Objectives, Current Actions, Planned Actions	

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6. Current Organization (fill in additional appropriate organization)

— Safety Officer _____

— Liaison Officer _____

— Public Information Officer _____

Operations Section	Planning Section	Logistics Section	Finance Section

