

Initial Incident Information

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ICS 215

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Cover A

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Executive Summary

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Help

Master Form

1. Incident Name

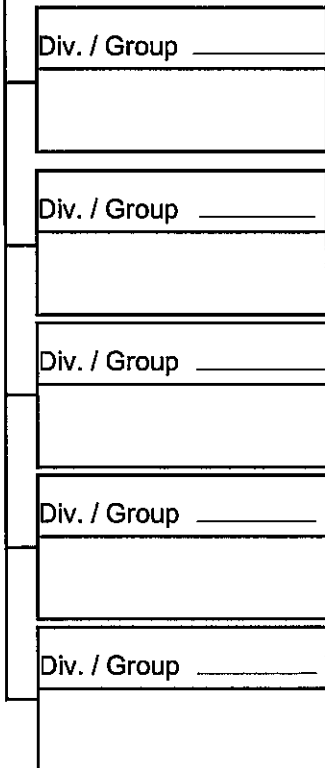
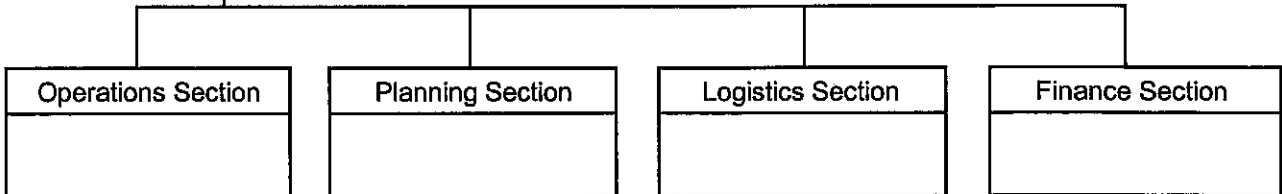
2. Prepared by: (name)
Date: _____ Time: _____

6. Current Organization



FOSC _____
 SOSC _____
 RPIC _____

— Safety Officer _____
 — Liaison Officer _____
 — Information Officer _____



1. Incident Name	2. Prepared by: (name) Date: _____ Time: _____	INCIDENT BRIEFING ICS 201-OS (pg 1 of 4)
3. Map / Sketch (Include maps drawn here or attached, showing the total area of operations, the incident site/area, overflight results, trajectories, impacted shorelines, or other graphics depicting situational and response status)		
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