

City of _____

“CITY SCAN” – FLASH REPORT

Date/Time of Contact: _____ am/pm

Contact Person: Name: _____ Title: _____

Method of Contact: Phone # _____ Radio Frequency: _____

HAS THE CITY BEEN IMPACTED? (circle one) YES NO

HAS A LOCAL EMERGENCY BEEN PROCLAIMED? (circle one) YES NO

When? Date: _____ Time: _____

Who signed it? Name: _____ Title: _____

HAS YOUR EMERGENCY OPERATIONS CENTER BEEN ACTIVATED? (circle one) YES NO

Can you tell me want MAJOR INCIDENTS are occurring now? (circle one) YES NO

Please summarize:

INCIDENT	LOCATION	STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you requesting an ADDITIONAL RESOURCES From the Operational Area? (circle one) YES NO

[If YES is circled, a resource request needs to be submitted.]