| **1. Incident Name**      | **2. Prepared by:** (name)      Date:       Time:       | INCIDENT BRIEFINGICS 201-CG  |
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| **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 SectionLogistics SectionFinance SectionPlanning Section |
| **7. Resources Summary**Resource | Resource Identifier | DateTimeOrdered | On-Scene ETA (X) | NOTES: (Location/Assignment/Status) |
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