GENERAL MESSAGE					
TO:			POSITION:		
FROM:			POSITION:		
SUBJECT: CSR			DATE:	T	ÎME:
MESSAGE: 1.TYPE OF INCIDENT:					
2.LOCATION:					
3. WEATHER:					
4. FLOODING:					
5. ROAD CLOSURES/CONDITIONS:					
6. UTILITIES: a. ELECTRIC POWER: b. GAS: c. WATER: d. SEWER/SANITATION:					
7. COMMUNICATIONS: a. RADIO/TV: b. PHONE SERVICE: c. INTERNET:					
8. SHELTER STATUS:					
9. EVACUATIONS:					
10. CASUALTIES:					
11. MEDICAL FACILITY STATUS:					
12. SOURCE OF INFORMATION:					
DATE:	TIME:	SIGNATURE/PC	SITION		
REPLY:	1				
DATE:	TIME:	SIGNATURE/PC	SITION		

ICS Form 213

- TO: (Usually to Gabe Lavine at County Emergency Operations Center)
- FROM: (Station Reporting -Your name and callsign)
- DATE: (Date reported)
- TIME: (The time the data element is being reported)

1.TYPE OF INCIDENT: (Identify type of incident you are reporting, weather situation, Hazmat, Fire, Flooding)

2. LOCATION: (The town or neighborhood area you are describing? Cross streets, Coordinates if you have them.)

3. WEATHER: (Short description of your observed weather: e.g. Temperature, Rain, Snow, Visibility/Clear, Windy, etc)

4. FLOODING: (Any reports of flooding?)

5. ROAD CLOSURES: (Have you heard of any road closures, if so which ones and is there a projected time they might be lifted, street names/intersections)

- 6. UTILITIES:
 - a. ELECTRIC POWER: (Is the electric power on? Are you on generator or battery?)
 - b. GAS: (If you are on natural gas, is it still working?)
 - c. WATER: (Are the water systems operational? Boiling recommended?)
 - d. SANITATION: (Are the sewer systems functional?)
- 7. COMMUNICATIONS:

RADIO/TV: (Is it working?) PHONE SERVICE: (Do you have landline and/or cell phone?) INTERNET: (Is your Cable/Direct TV/Dish Network working?)

8. SHELTER STATUS: (Are you aware of any Shelter openings such as Red Cross or Salvation Army, Are they full?)

9. EVACUATIONS: (Are you aware of any recommended or mandated evacuations such as during a Wild Fire or Hazmat or Flooding?)

10. CASUALTIES: (Are you aware of any casualties, numbers)

11. MEDICAL FACILITY STATUS: (Are hospitals overwhelmed? beds available?)

12. SOURCE OF INFORMATION: (Police/Fire scanner? Radio? TV? Personal observations?)

REMARKS: Short clarifying comments on the situation.

Use of color codes is optional:

- Red Serious, Specific details,
- Amber Moderate outages
- Green Nothing Significant to report (NSTR)