

INCIDENT BRIEFING		TASK #	DATE PREPARED: TIME PREPARED:	PAGE ___ OF ___
TASK NAME:			PREPARED BY (PLANNING):	
MAP/SKETCH				
SUBJECT INFORMATION			# OF SUBJECTS:	
SUBJECT #1	FIRST NAME: ANSWERS TO: JACKET: FOOTWEAR: COMMENTS:	SURNAME: HAT: PANTS:	AGE: SEX: M F (Y) HEIGHT: WEIGHT: HAIR COLOUR:	
SUBJECT #2	FIRST NAME: ANSWERS TO: JACKET: FOOTWEAR: COMMENTS:	SURNAME: HAT: PANTS:	AGE: SEX: M F (Y) HEIGHT: WEIGHT: HAIR COLOUR:	
SUBJECT #3	FIRST NAME: ANSWERS TO: JACKET: FOOTWEAR: COMMENTS:	SURNAME: HAT: PANTS:	AGE: SEX: M F (Y) HEIGHT: WEIGHT: HAIR COLOUR:	
SUBJECT #4	FIRST NAME: ANSWERS TO: JACKET: FOOTWEAR: COMMENTS:	SURNAME: HAT: PANTS:	AGE: SEX: M F (Y) HEIGHT: WEIGHT: HAIR COLOUR:	
POINT LAST SEEN: DATE LAST SEEN:			TIME LAST SEEN:	
				ICS 201

*** SEE MISSING PERSON QUESTIONNAIRE (ICS 302) FOR FURTHER DETAILS**

REV 96/04/22