

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

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

REV 96/04/22