

# JAMES CITY COUNTY CERT SITUATION REPORT

INCIDENT: JCC Training 2014

INCIDENT PHASE: PRE

NEIGHBORHOOD: (Select One)

SIT. REP. #: [text box]

DATE: [calendar icon]

TIME: [text box]

REPORTED BY: [text box]

NAME: [text box]

PHONE: [text box]

COMMAND AND CONTROL LOCATION: [text box]

AMATEUR RADIO CALL SIGN: [text box]

TEAM ACTIVATED: (Select One)

ACTIONS:

[text box] # CONTACTED

[text box] # RESPONDING

[text box] # AVAILABLE

## CASUALTY REPORT:

NONE

MINOR [text box]

SEVERE [text box]

FATALITIES [text box]

MISSING [text box]

## NEIGHBORHOOD STATUS:

PREPAREDNESS ACTIONS: NONE

ESTIMATED EXTENT OF AREA EVACUATED: [text box]

IMPACTS:

POWER LOSS: NONE

COMMUNICATIONS: NONE

ROADS: CLEAR

DEBRIS: NONE

STRUCTURE DAMAGE: NONE

FLOODING: NONE

IMPACT SUMMARY: [text box]

SIGNIFICANT ISSUES, PROBLEMS, NEEDS: [text box]

REQUESTS: [text box]