

TO: RACES, Maryland Joint Operations Center, MD Emergency Management Agency, Camp Fretterd

THIS IS AN EXERCISE MESSAGE (Black Out and Omit This Wording For Actual Event Messages)

SITUATION REPORT \_\_\_\_\_ ON \_\_\_\_\_ AS OF \_\_\_\_\_  
(#) (Date) (24hr Time)

1. JURISDICTION: \_\_\_\_\_
2. CALLER: \_\_\_\_\_  
(NAME, TITLE)
3. HAZARD/INCIDENT TYPE: \_\_\_\_\_
4. WHERE OCCURRING: \_\_\_\_\_
5. WHEN (DATE / TIME): \_\_\_\_\_
6. EOC ACTIVATED (TIME/DATE): \_\_\_\_\_
7. CASUALTIES: (A) NONE \_\_\_\_ (B) DEAD \_\_\_\_ (C) INJURED \_\_\_\_ (D) MISSING \_\_\_\_\_
8. EVACUATION: (A) NONE \_\_\_\_ (B) NUMBER OF SHELTERS OPENED \_\_\_\_  
(C) NUMBER OF PEOPLE IN SHELTERS \_\_\_\_\_
9. DAMAGE: (A) HOMES \_\_\_\_\_  
(B) BUSINESSES \_\_\_\_\_  
(C) VITAL FACILITIES \_\_\_\_\_  
(D) ROADS/BRIDGES CLOSED \_\_\_\_\_  
(E) OTHER \_\_\_\_\_
10. SITUATION: (A) \_\_ UNDER CONTROL (B) \_\_ STABLE (C) \_\_ WORSENING
11. ASSISTANCE REQUIRED: (A) \_\_ NONE (B)(LIST NAMES) \_\_\_\_\_  
\_\_\_\_\_
12. FEDERAL AND STATE AGENCIES NOTIFIED: (A) \_\_\_\_\_ NONE (B - LIST NAMES)  
\_\_\_\_\_
13. COMMENTS: \_\_\_\_\_  
\_\_\_\_\_
14. DATE/TIME REPORT SENT: \_\_\_\_\_

END EXERCISE MESSAGE