GENERAL MESSAGE (ICS 213)

1. Incident Name (Optional)**:** TRN-2022-10-08-Statewide-AUXCOMM-SET

2. To (Name and Position)**:** EC/Delegate for the exercise

3. From (Name and Position)**:** Max Schneider, State AUXCOMM Coordinator

4. Subject: Report format for Part B of exercise	**5. Date:** 10/08/2022	**6. Time** 09:00

7. Message:

When reporting your exercise results, send one of the following format (depending on your circumstances) to your DEC and the SEOC to my attention:

If you were contacted to deploy additional resources within your county:

1. Number of additional resources required
2. Number available locally
3. Number of additional resources requested via mutual aid
4. Whether all resources were acquired
5. Method used to request assistance

The report can be sent as a simple numbered message e.g., "1/10 2/4 3/6 4/Yes 5/Contacted neighboring county"

If you were not contacted to deploy additional resources within your county:

1. Whether you were contacted to provide assistance to another county
2. Number of resources requested
3. Number available for deployment to the neighboring county

An example of a numbered response: "1/Yes 2/6 3/5"

8. Approved by: Name: Max Schneider Signature: _____ Position/Title: State AUXCOMM Coordinator

9. Reply:

10. Replied by: Name: _____ Position/Title: _____ Signature: _____

ICS 213 Date/Time: _____