

Attachment A

Situation Report

Location including building name and street address:

1. Name of person reporting _____
2. Number of person(s) sheltered and injuries: minor _____ serious _____
3. Number of handicapped: wheelchair _____
hearing _____ vision _____ mobility impaired _____
4. Sighting of subject: _____ Height _____ Weight _____ Clothing _____
5. Last seen _____
6. Direction of travel _____
7. Activity _____
8. Armed with _____