|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Situation Report Update # :** | | | | | | | |
| **Incident Name** |  | | | **Date of Report** | |  | |
| **Report Prepared By** |  | | | **Time of Report** | |  | |
| **Identified Hazard** |  | | | | | | |
| **Current Affected Area** | [County name] – Affected Area: | Region [#] Counties: | CRI Region Counties:  [delete cell if not applicable] | | Michigan: | | United States: |
| **Current Activation Level** *(Bold, highlight, or circle)* | Readiness/Monitoring | Partial | Full | | Demobilization and Recovery | | |
| **Current # of Cases** | Suspect: | Probable: | Confirmed: | | Unknown: | | |
| **Current # of Casualties** | Missing: | Injured: | Hospitalized: | | Deceased: | | Unknown: |

|  |  |
| --- | --- |
| **Incident Summary** | |
| **What we know right now** |  |
| **What we don’t know** | **I**  **dent Summary** |
| **Current Impact on Residents**  *(ex., summary of individuals who are sheltering, evacuated, isolated, etc.)* |  |
| **Current Impact or Increased Risks for those with Access and Functional Needs**  *(ex., long term power outage, access to care, homebound, etc.)* |  |
| **Current Impact on Businesses**  *(ex., location and type of businesses affected – gas stations, restaurants, grocery stores, banks, etc.)* |  |
| **Current Impact on Utilities**  *(ex., identify areas of outages, gas leaks, watermain breaks, etc.)* |  |
| **Next Steps** | **I**  **dent** |