



CITY OF LOS ANGELES
EMERGENCY OPERATIONS CENTER

BRANCH REPORT

LAW BRANCH

EVENT/INCIDENT NAME:	DATE:	TIME REPORT PREPARED:
REPORT VERSION: <input type="checkbox"/> INITIAL <input type="checkbox"/> UPDATE <input type="checkbox"/> FINAL	EOC STATUS: <input type="checkbox"/> LEVEL 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3 <input type="checkbox"/> CLOSED	

EOC OBJECTIVES:

[TO BE COMPLETED BY PLANNING AND INTELLIGENCE SECTION]

BRANCH TASKS:

[TO BE COMPLETED BY BRANCH DIRECTOR. CONSIDER 72 HOUR INCIDENT ESSENTIAL OPERATIONS]

PUBLIC SAFETY REPORT:

	CROWD ESTIMATE	REPORTED MISSING	EVACUATED	FATALITIES
# PUBLIC	_____	_____	_____	_____
# INCIDENT PERSONNEL	N/A	_____	N/A	_____

EVACUATION STATUS:

[CHECK ALL THAT APPLY – PROVIDE SPECIFIC LOCATIONS ON SPACE PROVIDED]

- | | |
|--|---|
| <input type="checkbox"/> NO LIKELY THREAT AT THIS TIME | <input type="checkbox"/> HIGH POTENTIAL FOR FUTURE EVACUATIONS / SHELTER-IN-PLACE |
| <input type="checkbox"/> PLANNING FOR EVACUATIONS / SHELTER-IN-PLACE | <input type="checkbox"/> SHELTER-IN-PLACE NOTIFICATIONS |
| <input type="checkbox"/> EVACUATION ADVISORIES (VOLUNTARY) IN PLACE | <input type="checkbox"/> EVACUATION WARNINGS (MANDATORY) IN PLACE |

SPECIFIC AREAS/BOUNDARIES:

ARREST SUMMARY:

# DETAINED (NO ARREST OR CITATION)	# CITATION & RELEASED	# MISDEMEANOR ARREST	# FELONY ARRESTS
_____	_____	_____	_____

MUTUAL AID:

MUTUAL AID IMPLEMENTED	<input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE:
COUNTY MUTUAL AID	<input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE:
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SOURCE:

INCIDENT SUMMARY:

[PROVIDE A BRIEF SUMMARY OF MAJOR INCIDENT EVENTS INCLUDING LOCATION AND STATUS OF IMPACTED POPULATIONS]

LIFE SAFETY:

IMPACT TO CITY SERVICES:

INCIDENT STABILIZATION:

PRESERVATION OF PROPERTY:

**ATTACH ADDITIONAL DOCUMENTS IF MORE SPACE IS NEEDED*

SIGNIFICANT BRANCH ACTIVITIES FOR REMAINDER OF CURRENT OPERATIONAL PERIOD:

PROJECTED BRANCH ACTIVITIES FOR NEXT OPERATIONAL PERIOD:

DEPARTMENT OPERATIONS REPORT

[TO BE FILLED BY BRANCH DIRECTOR AND INDIVIDUAL DEPARTMENT/UNIT LEADER THAT IS NOT REPRESENTED BY THE BRANCH DIRECTOR]

1. LEVEL OF DEPARTMENT FUNCTIONALITY:

- NON-OPERATIONAL
- CONTINUITY OF OPERATIONS (COOP) IMPLEMENTED
- PARTIALLY OPERATIONAL / MINIMAL RESOURCES TO RESPOND
- FULLY OPERATIONAL/RESPONDING

DESCRIPTION OF DEPARTMENT FUNCTIONALITY:

OF STAFF REPORTING TO WORK _____ OF _____.

2. DESCRIBE YOUR DEPARTMENT'S DAMAGES [INITIAL DAMAGE ESTIMATE (IDE)]:

PROVIDE INITIAL DAMAGE ESTIMATE: \$ _____

3. DEPARTMENT OPERATIONS [DEPARTMENT ACTIONS; PARTNER AGENCIES]:

4. PERSONNEL:

OF DEPARTMENT PERSONNEL RESPONDING: _____ # ASSIGNED: _____ # AVAILABLE: _____

PERSONNEL INCIDENT COSTS: \$ _____ UNKNOWN AT THIS TIME # RECALLED _____

5. CRITICAL RESOURCE SHORTAGES:

CURRENT:

NEXT 24-48 HOURS:

OTHER RESOURCE CONCERNS:

6. 12/24/48/72 HOUR POTENTIAL IMPACTS TO CITY SERVICES:

ADDITIONAL INFORMATION:

REPORT PREPARED BY:

REPORT APPROVED BY: