



INITIAL
 SUPPLEMENTAL

STATE OF MISSOURI
LOCAL SITUATION REPORT

Date: _____ Time: _____ County: _____

Reported by: _____

Phone Number: (_____) _____

Has a county/city declared an emergency or disaster? Yes No

Describe in as much detail as possible what has happened or what you anticipate. Include impact on individuals, businesses and infrastructure.

When did it happen or when is it anticipated?

What actions have been taken?

What actions still need to be taken?

What resources outside of the jurisdiction may be needed? (Be specific)
