**LOS ANGELES COUNTY OPERATIONAL AREA**

**Medical and Health Operational Area Coordinator**

**FLASH** **REPORT**

**SIGNIFICANT EVENT – EMERGENCY – EVOLVING INCIDENT**

**Incident Name:**

**Type of Incident:**

**Mutual Aid Region: I**

**Operational Area:** **Los Angeles**

**Reporting Entity:**

**Date:** **Time:**

| **Prepared By** | **Contact Information** |
| --- | --- |
|  | MHOAC |
|  |  |
|  | (Other contact): |

| **Brief Summary** |
| --- |
| Critical Issues / Priorities (specifically to the impact to medical and health system): Point of Contact (MHOAC or RDMHC/S): |

**This flash report provides initial and sometimes limited information. It does not fulfill the spectrum of a complete Situational Report. It is intended as a quick advisory to upper level management as an indicator that a potential incident or situation has or is occurring within the region(s). An assessment of the situation is ongoing and may require additional documentation to support a full situational report.**