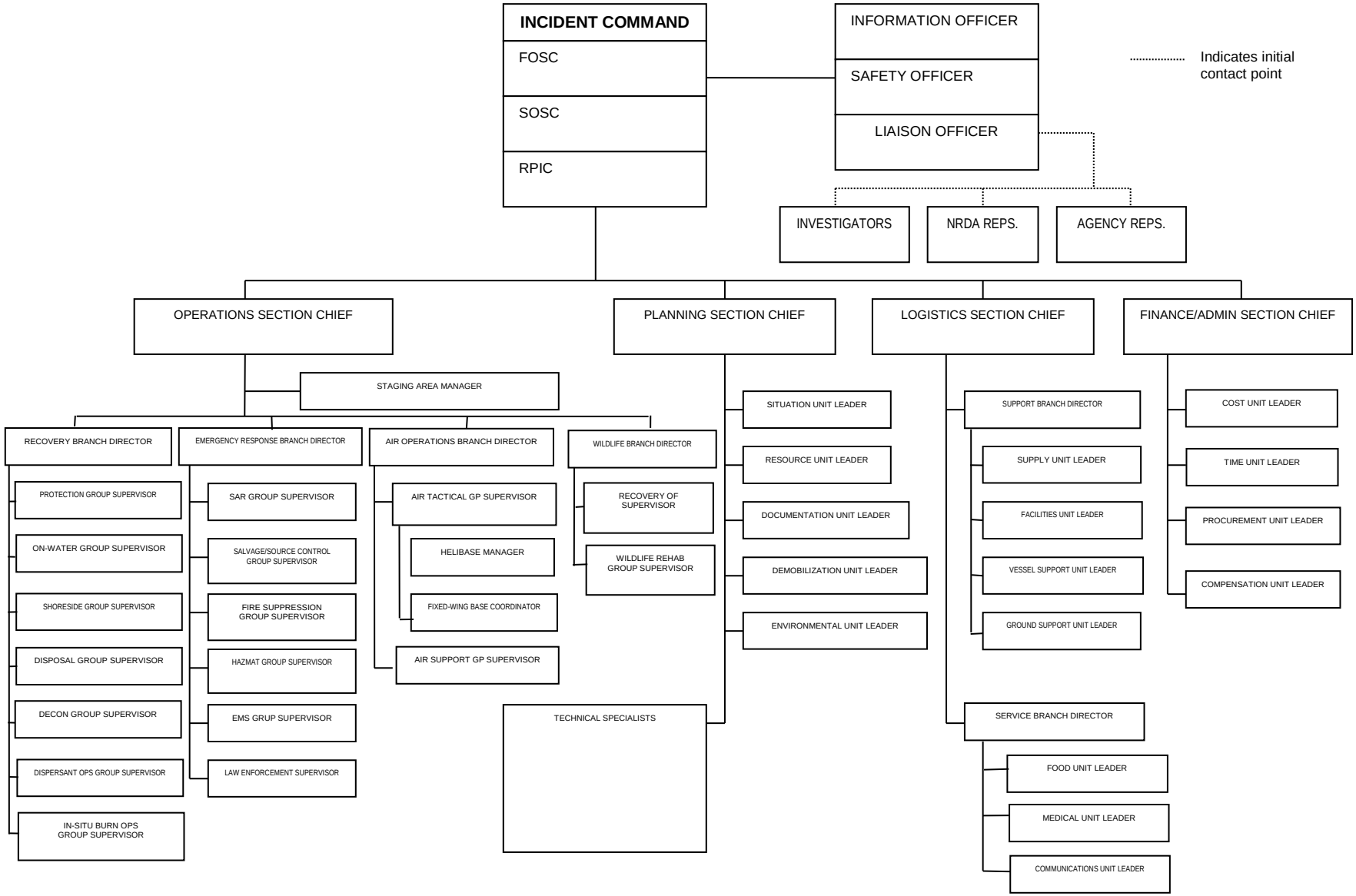1. Incident Name	2. Operational Period (Date/Time) From: To:	INCIDENT ORGANIZATION