

HICS-213								
Form template URL	https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-213-General-Message.pdf							
Form Type	HICS213							
Field Name	Field ID	Required	Mandatory Values	Description				
Incident Name	1							
To	2							
From	3							
Subject	4							
Date	5							
Time	6							
Priority	7		High, Medium, Low					
Message	8							
Response Required	8A		Yes					
Approved by	9							
Reply/Action Taken	10							