

**Exhibit 6573.2a, CALIFORNIA CORRECTIONAL CENTER, CAMP DIVISION
Incident check-in report (6400)**

(June 2000)

DATE ASSIGNED: _____ TIME ASSIGNED: _____ DATE/TIME ARRIVED: _____
 NAME AND NUMBER OF CAMP: _____
 CAMP PHONE NUMBER: (____) _____ PAGER: (____) _____
 CELLULAR PHONE NUMBER IF AVAILABLE: (____) _____ FAX: (____) _____
 ORDER NUMBER: _____ REQUEST NUMBER: _____
 STRIKE TEAM NUMBER OR UNIT IDENTIFICATION NUMBER: _____
 NAME OF CDC SUPERVISOR IF ASSIGNED: _____
 NAME OF CDF STRIKE TEAM LEADER IF ASSIGNED: _____

CREW NUMBER	NUMBER OF INMATES	CORRECTIONAL OFFICER	CDF FIRE CREW CAPTAIN	Vehicle Type - 4X4 P/U SUBURBAN ETC

Total of CDC Staff: _____ Total Number of Inmates: _____ Grand Total Number of Persons: _____

NOTE: THIS FORM IS TO BE COMPLETED PRIOR TO OR JUST AFTER YOUR ARRIVAL AND SUBMITTED TO THE CDC AGENCY PREPRESENTATIVE OR THE SENIOR CDC STAFF MEMBER AT THE INCIDENT.

**SIERRA CONSERVATION CENTER, CAMP DIVISION
Incident Check-In Report**

DATE ASSIGNED: _____ TIME ASSIGNED: _____ DATE/TIME ARRIVED: _____
 NAME AND NUMBER OF CAMP: _____
 CAMP PHONE NUMBER: (____) _____ PAGER: (____) _____
 CELLULAR PHONE NUMBER IF AVAILABLE: (____) _____ FAX: (____) _____
 ORDER NUMBER: _____ REQUEST NUMBER: _____
 STRIKE TEAM NUMBER OR UNIT IDENTIFICATION NUMBER: _____
 NAME OF CDC SUPERVISOR IF ASSIGNED: _____
 NAME OF CDF/LAC STRIKE TEAM LEADER IF ASSIGNED: _____

CREW NUMBER	NUMBER OF INMATES	CORRECTIONAL OFFICER	CDF FIRE CREW CAPTAIN OR LACFD FOREMAN	Vehicle Type - 4X4 P/U SUBURBAN ETC

Total CDC Staff: _____ Total Number of Inmates: _____ Grand Total Number of Persons: _____

NOTE: THIS FORM IS TO BE COMPLETED PRIOR TO OR JUST AFTER YOUR ARRIVAL AND SUBMITTED TO THE CDC AGENCY PREPRESENTATIVE OR THE SENIOR CDC STAFF MEMBER AT THE INCIDENT.

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