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| CASE No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***CHAPTER:*** | | | | |  | | | | | | | | ***AGENCY:*** | | Chinle Eastern Fort Defiance Northern Western | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Date Received:*** | | | | |  | | | | ***Time Received:*** | | | |  | | ***Intake Type:*** | | | | Telephone: Fax: Walk-in: Other: | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Name:*** | | | | |  | | | | | | | | | | | | ***Telephone*** | | | | ***Home*** | | |  | | | | |  | |
| ***Address:*** | | | | |  | | | | | | | | | | | |  | | | | ***Work*** | | |  | | | | |  | |
|  | | | | |  | | | | | | | | | | | |  | | | | ***Message*** | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NATURE OF INCIDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Drought | | | | | | |  | | Massive Accident | | | | | | | |  | Freeze | | | | |  | | | | |
|  |  | | Wind Damage | | | | | | |  | | Explosion | | | | | | | |  | Hail Storm | | | | |  | | | | |
|  |  | | Tornado | | | | | | |  | | Lightning | | | | | | | |  | Flash Flood | | | | |  | | | | |
|  |  | | Wild Land Fire | | | | | | |  | | Epidemic Out Break | | | | | | | |  | Excessive Mud | | | | |  | | | | |
|  |  | | HazMat Spill | | | | | | |  | | Welfare Check | | | | | | | |  | Excessive Rain | | | | |  | | | | |
|  |  | | Search & Rescue | | | | | | |  | | Excessive Snow | | | | | | | |  | Land Slide | | | | |  | | | | |
|  |  | | Burnout | | | | | | |  | | Blizzard | | | | | | | |  | Other: | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LOCATION OF INCIDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Location of Incident:***  ***Route #’s or GPS*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ***Date Occurred:*** | | | | |  | | | ***Time Occurred:*** | | |  | | | ***Injuries:*** | | NO YES | | ***# of Injuries*** | | | |  | ***Medical Attention Received*** | | | | YES  NO | | | |
| ***What Happened:*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***Other Actions or Follow:*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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| **NOTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Agency Notified:*** | | | | | | | | | | | | | | | | | | | | | ***Telephone/Fax/Radio*** | | | | ***DATE*** | ***TIME*** | | | | |
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| **REFERRAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FOLLOW - UP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ASSISTANCE RECEIVED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOOD  WOOD  HAY  COAL  WATER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Other:*** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| EOC/DEM Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewing Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |