|  |
| --- |
| 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***  |       |  |
|  |       |  |
|  |  |  |
| ***Date Occurred:*** |       | ***Time Occurred:*** |       | ***Injuries:*** | NO[ ]  YES[ ]  | ***# of Injuries*** |       | ***Medical Attention Received*** | YES[ ]  NO[ ]  |
| ***What Happened:*** |       |  |
|  |       |  |
|  |  |  |
| ***Other Actions or Follow:*** |       |  |
|  |       |  |
|  |  |  |
| **NOTIFICATION** |
| ***Agency Notified:*** | ***Telephone/Fax/Radio*** | ***DATE*** | ***TIME*** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| **REFERRAL** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|  |
| **FOLLOW - UP** |
|       |       |       |
|       |       |       |
|       |       |       |
|  |
| **ASSISTANCE RECEIVED** |
| FOOD [ ]  WOOD [ ]  HAY [ ]  COAL [ ]  WATER [ ]  |
| ***Other:*** |       |  |
|  |       |  |
|  |       |  |
|  |  |  |
|  |  |  |
|  |  |  |
| EOC/DEM Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewing Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |