



Navajo Nation Department of Emergency Management

PO Box 2908, Window Rock; AZ 86515 | P: (928) 871-6892 | F: (928) 871-7569

MULTI-PURPOSE INCIDENT REPORT FORM

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		
<input type="checkbox"/> Drought	<input type="checkbox"/> Massive Accident	<input type="checkbox"/> Freeze
<input type="checkbox"/> Wind Damage	<input type="checkbox"/> Explosion	<input type="checkbox"/> Hail Storm
<input type="checkbox"/> Tornado	<input type="checkbox"/> Lightning	<input type="checkbox"/> Flash Flood
<input type="checkbox"/> Wild Land Fire	<input type="checkbox"/> Epidemic Out Break	<input type="checkbox"/> Excessive Mud
<input type="checkbox"/> HazMat Spill	<input type="checkbox"/> Welfare Check	<input type="checkbox"/> Excessive Rain
<input type="checkbox"/> Search & Rescue	<input type="checkbox"/> Excessive Snow	<input type="checkbox"/> Land Slide
<input type="checkbox"/> Burnout	<input type="checkbox"/> Blizzard	<input type="checkbox"/> 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:** _____