



Navajo Nation Department of Emergency Management

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SITUATION REPORT

1. AREA OF RESPONSIBILITY: _____

2. DATE/TIME: _____ 3. SITE REPRESENTATIVE: _____

4. CURRENT SITUATION:

5. DETERMINE ROADWAY CONDITIONS:

6. EMERGENCY SUPPORT FUNCTIONS:

7. POINTS OF CONTACT FOR CHAPTER: NAME _____ OFFICE: _____

MOBILE TEL# (AFTER BUS. HRS): _____ 2nd No. _____

8. NO# TRAINED FIRST RESPONDERS: (CERT, ALERT MBRS, CHR PERSONNEL:

9. CHAPTER/BIA USE OF GRADER AND OPERATOR:

10. OTHER CHAPTER SUPPORT INFORMATION TO AID COOPERATION EFFORTS:

Complete & email to edmundtso@navajo-nsn.gov & jaye.tom@navajo-nsn.gov

PLEASE PRINT OR TYPE CLEARLY.