

**POST-EMERGENCY INCIDENT REPORT** (Only fill out if help is required)Incident Report No. **MONTAGE AT MISSION HILLS**Revision No. Date

Instructions: Please 1.) inspect residence, 2.) complete Report and 3.) return Incident Report to Chagall Court Emergency Operations Center.

Time **LOCATION**Reporters Name Incident Location / Address **OBSERVE AND REPORT****FIRE** (Instructions: Recruit volunteer help to extinguish small fires, if possible. Turn off gas if possible)☐ Small Fire ☐ Uncontrollable FireComments: **FIRST AID** (Number Hurt) (Instructions: Please send "walking wounded" to Chagall Court with an escort if possible)Injury Type(s) ☐ Unconscious ☐ Head Injury ☐ Broken Bones ☐ Breathing☐ Severe Bleeding ☐ Punctures ☐ Difficulties ☐ Burns ☐ Possible DeathComments: **RESCUE** (Number Requiring Rescue)☐ Pinned No Injuries ☐ Pinned Unconscious ☐ Pinned Minor Injuries ☐ Pinned Major InjuriesComments: **PET RESCUE**

Dogs #	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	Dog #	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	Dog #	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg	Cat#	<input type="checkbox"/> sm <input type="checkbox"/> med <input type="checkbox"/> lg
<input type="checkbox"/> Injured	<input type="text"/>	<input type="checkbox"/> Injured	<input type="text"/>	<input type="checkbox"/> Injured	<input type="text"/>	<input type="checkbox"/> Injured	<input type="text"/>
<input type="checkbox"/> Rescue	<input type="text"/>	<input type="checkbox"/> Rescue	<input type="text"/>	<input type="checkbox"/> Rescue	<input type="text"/>	<input type="checkbox"/> Rescue	<input type="text"/>
<input type="checkbox"/> Need Care	<input type="text"/>	<input type="checkbox"/> Need Care	<input type="text"/>	<input type="checkbox"/> Need Care	<input type="text"/>	<input type="checkbox"/> Need Care	<input type="text"/>
<input type="checkbox"/> Runaway	<input type="text"/>	<input type="checkbox"/> Runaway	<input type="text"/>	<input type="checkbox"/> Runaway	<input type="text"/>	<input type="checkbox"/> Runaway	<input type="text"/>
Description	<input type="text"/>	Description	<input type="text"/>	Description	<input type="text"/>	Description	<input type="text"/>

INCIDENT REPORT / FIELD FOLLOW-UPReporters Name Date Time ☐ Resolved☐ Unresolved Action Required☐ Unresolved No Action Required

Please return Incident Report to Chagall Court Emergency Operations Center