



CRITICAL INCIDENT NOTIFICATION

INCIDENT INFORMATION

Date called in:	Time called in:	Reported by:
Division:		Call back number:
Location: (County, Road, Landmark, Body of Water)		
Date occurred:		Time occurred:
Nature of incident:		

VICTIMS

Name:		Name:	
Age:	Sex:	Age:	Sex:
City of residence:		City of residence:	
Type of injuries:		Type of injuries:	
Name:		Name:	
Age:	Sex:	Age:	Sex:
City of residence:		City of residence:	
Type of injuries:		Type of injuries:	

Divisional response:

Agencies involved:

Media: (Who, type?)

Adequate resources:

NOTIFICATION OF ADMINISTRATION

ADMINISTRATOR	NAME	OFFICE	HOME	PAGER	CELL	DATE/TIME
Assistant Director	<input type="checkbox"/>					
Deputy Director	<input type="checkbox"/>					
Other	<input type="checkbox"/>					
Law Enf. Admin.	<input type="checkbox"/>					

Notification made by:

FAX TO DIRECTOR'S OFFICE (614/261-9601) or E mail to Administrator above.