Indian Country Pesticide Incident Report
Region 7, LCRD/TTPB

Tribe and Person Reporting Incident					
Name of Tribe:					
Legal First Name:	M.I.	Last:			Date:
Street Address:	City:		State:	Zip Code:	County:
Daytime Telephone #: (including area code)	Cell Phone #: (including area code)		Email Address:		

Description of Incident	
Date of Incident:	Time of Incident:
Details of Incident:	

Crop/Property Damaged		
Date Damage was Noticed:	Date and Time of Application Causing Damage: (if known)	
What is Damaged (i.e. type of crop, residential lawn/tree, commercial garden, etc.)? List all.		
County(ies) in which damage is located:	Estimated number of acres damaged:	Number of fields: (if applicable)
Description of Damage:		

Environmental Damage	
Date Damage was Noticed:	Date and Time of Application Causing Damage: (if known)
What is Damaged (i.e. plants, soil, water, wildlife, etc.)? List all.	
Description of Damage:	

Human Injuries				
Were there any human injuries? _____ Yes _____ No		Name of Injured person(s):		
Street Address:	City:	State:	Zip Code:	County
Did the injured person(s) seek medical attention? _____ Yes _____ No		Telephone #: (including area code)		

Applicator Information (If Known)				
Name/Company:		Telephone #: (including area code)		
Street Address:	City:	State:	Zip Code:	County:
Additional Application Information (If Known)				
Type of Application: _____ Aerial (Aircraft N-number _____) _____ Ground ____ Handheld ____ Other (Describe)				
Pesticide: (Actual or Suspected)		Crop Treated:		
Is the site of application tribal owned land (includes fee, allotted & trust land)? _____ Yes _____ No				
Climatic Conditions Observed at Time of Application (completed only when applicable)				
Wind Direction: (from)		Estimated Speed: _____ 0-5 mph _____ 5-15 mph _____ Over 15 mph		
Temperature: _____ Below 32°F _____ 32°F - 65°F _____ 65°F - 85°F _____ Over 85°F				

Additional Information		
Additional Witness(es)	Name:	Telephone #: (including area code)
	Name:	Telephone #: (including area code)
	Name:	Telephone #: (including area code)

Additional Materials that can be provided: (Photographs, records, sample results, contaminated clothes, etc.)

The information on this report is accurate and complete to the best of my knowledge.	
Tribal Representative Signature:	**Date:**

Send To:

Email: rosado-

chaparro.wilfredo@epa.gov

Mail: US EPA Region 7

LCRD/TTPB
Attention: Wilo
11201 Renner Blvd.
Lenexa, KS 66219