

Pesticide Spraying Incident Report for Davis, CA

(To document the adverse health and environmental effects of the SYMVCD mosquito spraying of Evergreen 60-6.)

Today's Date _____ Date/s SYMVCD sprayed your neighborhood _____

Name of Injured Person or Type of Animal/Plant _____

Name of Person Filling Out this Form, if different _____

Relationship to the Injured Person _____

Injured Person's Address _____ City _____ Zip _____

Phone _____ E-mail _____

Your Address, if different _____ City _____ Zip _____

Phone _____ E-mail _____

Place where the incident occurred _____

Describe the incident that took place with SYMVCD's pesticide spraying. Include signs, symptoms, adverse effects, dates, when they began and how long they lasted. Indicate if they sprayed at times other than the announced times (morning times were 5 to 8 AM, and evening times were 8 to midnight). You may attach additional statements, medical documentation, diagrams or pictures to this page.

Did the injured party (animal) see a physician (veterinarian) or other health care provider? What was done? _____

If you reported this incident to any local, state or federal agencies, please give the agency name (s), key contact, phone numbers and referral numbers _____

Was an investigation done? Yes ___ No ___ If yes, who conducted the investigation _____

Disclosure Approval: I, _____, hereby give my permission to release this form and/or the information contained herein to (check which) the media ___ policy makers ___ and other victims ____.

Signature..... Date

Return to: Stop West Nile Spraying Now, 129 C Street, Suite 2, Davis, CA 95616

Phone: (530) 758-6796, E-mail: smccarth@dcn.org, Fax: (530) 758-7169