##### 1. GENERAL INFORMATION

#####  taxGaxGowif;tcsuftvuf

|  |  |  |  |
| --- | --- | --- | --- |
| Reporting Agency: rdkif;tEÅ&m,fynmay; tpD&ifcHpm trSwf |  | Contact person:tpD&ifcHol |  |
| Date of report: tpD&ifcHonfhaeU |  | Reporting Period: tpD&ifcHonfh umv |  |
| Information Source: |  | Case Verified (Y/N) |  |

**2. VICTIM INFORMATION**

 **xdckduf'Pf&m&olESifhoufqkdifonhfowif;tcsuftvuf**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: trnf |  | Status'Pf&m&oltajctae | Ο Injured 'Pf&m& Ο Killed aoqkH; |
| Sex:usm;^r |  Ο Male usm; Ο Female r | Age at the time of incident arG;aeYouú&mZf |  |
| Date and Time of Incident |  | Literacy pmwwfajrmufrI | Ο Literate pmwwfΟ Illiterate pmrwwf |
| Geographical reference | State/region jynfe,f ^ wdkif;a'oMuD; |  |
| District c&dkif |  |
| Township jrdKUe,f |  |
| Village Tract aus;&Gmtkyfpk |  |
| Permanent Address:tjrJwrf;ae&yfvdyfpm ESifh aetdrf\ pcef;cstrSwf  |  |
| Ethnicity:vlrsdK;-rsdK;EG,fpk | **□** [Bamar](http://en.wikipedia.org/wiki/Bamar) Arm **□** Chin csif; **□**[Kachin](http://en.wikipedia.org/wiki/Jingpo_people) ucsif**□**[Kayah](http://en.wikipedia.org/wiki/Kayah_people)u,m; **□**[Kayin](http://en.wikipedia.org/wiki/Karen_people) u&if **□**[Mon](http://en.wikipedia.org/wiki/Mon_people) rGef **□** [Rakhine](http://en.wikipedia.org/wiki/Rakhine_people) &ckdif **□**[Shan](http://en.wikipedia.org/wiki/Shan_people)&Srf; **□** Other, please specify: tjcm;rsdK;EG,f (&Sif;vif;az:jyay;&ef)  |
| Home Status at Timeof Accident: xdckdufrSKjzpfay:onhftcsdef üaexkdifrSKtajctae |  Ο Refugee 'ku©onf Ο Returnee Xmaejyefvmol Ο IDP &Gmykef;&Gma&Smif Ο Settled tajccs aexkdifaeol |
| Occupation at Time of Accident: xdckdufrSKjzpfay:onhftcsdef ü4if;\ tvkyftukdif | Ο NGO tpkd;&r[kwfaomtzJGYtpnf; Ο Military ppfrSKxrf; Ο Police jynfolY&J Ο Government Official tpkd;&0efxrf; Ο Company ukrÜPD0efxrf; Ο Deminer rkdif;&Sif;orm; Ο Farmer v,form; Ο Labourer tvkyform; Ο Fisherman wHigonf Ο Driver,mOfarmif; Ο Unemployed tvkyfvufrhJ Ο Student ausmif;om; Ο Religious Leader bmoma&;acgif;aqmif Ο Unknown tvkyftukdifrod Ο Not applicable twdtusr&dS Ο Other, please specify: tjcm; (tao;pdyfaz:jy&ef) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**3. ACCIDENT DETAILS rawmfwqxdckdufrSKtajctae tao;pdyfaz:jycsufrsm;**

|  |  |
| --- | --- |
| Type of area where the accident took place: rawmfwqxdckdufrSKjzpf ay:onhfa'otrsdK;tpm; | **□** Field v,fuGif; **□** Forest opfawm **□** Grazing land pm;usufajr **□** Village aus;&Gm **□** Military area wyfe,fajr **□** Agricultural areav,f,moD;ESHpkdufysdK;&majr **□** Path ajcvQifvloGm;vrf; **□** Road for vehicles armfawmf,Ofrsm;oGm;vm&mvrf; **□** Residential area vlae&yf&Gm **□** Riverbank jrpfurf;yg; **□** Roadside vrf;ab; **□** Infrastructure tajccHtaqmuftOD; **□** Other (specify):tjcm; (az:jyvkdonfukd &Sif;vif;az:jyay;&ef) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Activity at the time of the accident? **rawmfwqxdckdufrIjzpfcsdef wGifvkyfukdifaqmif&Guf aerIukdaz:jyay;&ef** | **□** Traveling by vehiclearmfawmfum;jzifhc&D;oGm;aepOf **□** Traveling on foot ajcvQifc&D;oGm;aepOf **□** Tampering pyfpyfpkpkjzifhpl;prf;vkdívma&mufpOf **□** Farmingv,f,mvkyfukdifxGef,ufaepOf **□** Military dutyppfzufqkdif&mwm0efxrf;aqmifpOf **□** Tending animals/livestockuRJEGm;wd&pämefponfrsm;xdrf;ausmif;aepOf **□** Collection of fire woodxif;acGaepOf **□** Collection of wateraomufokH;a&o,faepOf **□** Deminingrkdif;&Sif;vif;aepOf **□** Hunting trJvkdufpOf **□** Playing/Recreationaqmhupm;pOf ^ tyef;ajztem;,laepOf **□** Passing/Standing nearbyjzwfoef;oGm;pOf ^ acwÅ apmifhqkdif;aepOf **□** Unknown tusdK;taMumif;rodEdkifjcif;**□** Other (please specify): tjcm; (tao;pdyfaz:jy&ef) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How often did the person go to the accident site? **rawmfwqxdckdufrSKjzpf yGm;onhfae&mokdY 4if;yk\*¾dKvf rMumcP oGm;avh&dSr&dS** | Ο More than once a day **waeYvQifwMudrfru**  Ο Once a day **waeYvQifwMudrfom** Ο Several times a week or less **wygwfvQiftMudrfrsm;pGm okdYr[kwf tenf;i,f** Ο Never before **,cifuoGm;vmzl;jcif;r&dS** |
| Did the person know that the area was dangerous? **4if;yk\*¾dKvf taejzifh ,if; ae&mrSmtEÅ&,f &dSonf[k odae chJygovm;** | Ο Yes **odygonf** Ο No **rodyg** | Did the person receive MRE lessons? **4if;yk\*¾dKvf onf rkdif; tEÅ&m,fynm ay; oifwef; wufzl; jcif;&dS r&dS/** | Ο Yes **&dS** Ο No **r&dS**  |
| If the person knew that the area was dangerous, why did he/she go there? **4if;yk\*¾dKvfonftEÅ&,f&dS ae&mrSef; odaeygurnfonhf twGuf xkdae&mukdoGm;&ygovJ/** | **□** No other access **tjcm;a&G;cs,f&efvrf;aMumif;r&dSjcif;** **□** Economic necessity **pm;0wfaea&;twGuftvkyfvkyf&efrjzpf raeoGm;&jcif; □** Peer pressure **wriftwif;tMuyfoGm;ckdif;jcif;** **□** Other (please specify):tjcm; (tao;pdyfaz:jy&ef)  |
| Device that caused the accident: rawmfwqxdcdkufrIjzpfap onfh ypönf;trsdK;trnf | **□** AP Mine vlaorkdif; **□** AV Mine ,mOfzsufrkdif; **□** ERW aygufuGJapEdkifaomppfusefypönf; **□** Sub-munitions xyfqifhaygufuGJapaomvufeufrsm; **□** IED…. **□** Unknown trsdK;tpm;raz:jyEdkifonhftjcm;ypönf;rsm; |
| First medical facility reached? **tOD;qkH;a&muf&Sdonhfaq;0g; ukorItpDtpOf?**  | Ο Clinic **aq;ay;cef;** Ο Hospital **aq;&kH** Ο Other (please specify): tjcm; (tao;pdyfaz:jy&ef) | Time until first facility reached? **tOD;qHk; ae&mokd h a&muf&Sd onfhMumjrifhcsdef**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Time until first hospital reached? **OD;qkH;aq;&kHokdYa&muf&dS onhftcsdef** |  | Name of first hospital? **tOD;qkH;a&muf&dS onhfaq;&kH\trnf** |  |
| Has the victim received support? **'gPf&m&olrS rnfonfhyHhydk;rI &&Sdygoenf;/**  | **□** Medical aq;0g; **□** Rehabilitation jyefvnfoefpGrf;ap&efyHhydk;rIay;jcif; **□** Prosthetic ajcwk? vufwk **□** Psychological pdwfydkif;qdkif&myhHydk;rI**□** Livelihood toufarG;0rf;ausmif;**□** Other (please specify): ;tjcm; (&SdvQif tao;pdwf az:jy&ef) |

**4. INJURIES 5. &&dSonhf'Pf&mrsm;**

ukdk,ft8Fgtpdyftykdif;qkH;&SHkk;jcif;



vuf,mbuf

'l;txuf

vuf^vufacsmif;

jrifuGif;

ajc axguf

vufarmif;

ukd,fcE¨m atmuf ykdif;

ukd,f cE¨m tay: ykdif;

0rf;Adkuf

&iftkH

ajcaxguf^ajcacsmif; rsm;

OD;acgif;^vnfyif;

'l;txuf

tjcm;xdckduf'gPf&m&rSKrsm;

'l;atmuf

vuf^vufacsmif;

Ajcaxguf^ajc acsmif;rsm;

ajcaxmuf

'l;atmuf

vufarmif;

tjum;tm&kH

tjum;tm&kH

jrifuGif;

t&kd;usdK;jcif;

tom;rQif

t&kd;usdK;jcif;

tom;rQif

aygifqpfcGuf^ wifyg;

aemufausm

vuf0Jbuf

**Remarks/Additional Information**: rSwfcsuf ^ tjcm;xyfwdk;owif;tcsuftvuf \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the person was killed, specify location of death: 5.1 'gPf&m&&dSolaoqkH;oGm;ygu rnfonhfae&mwGifaoqkH;aMumif;az:jyay;&ef?

In-site jzpfyGm;onhfae&mü Ο At health care facility usef;rma&;aq;ukocef;ü Ο During transport to health care facility usef;rma&;aq;ukocef;okdYvlemukdo,f,loGm;pOf

**5. TO BE ENTERED BY THE INFORMATION MANAGEMENT DEPARTMENT**

**uGyfuJa&;XmepdyfrS jznhfoGif;a&;om;ay;&ef**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Report Received tpD&ifcHpm&&dSonhfaeYpGJG |  | IMSMA Victim ID:xdckdufrSK IMSMA tnTef;eHygwf |  |
| Data Entry by:owif;tcsuftvufrsm; a&;oGif;ol |  | Remarks |  |