



**Fatal & Non-Fatal  
Opioid Overdose**

**Reporting (Check One):**

- Non-Fatal Opioid OD
- Fatal Opioid OD
- Opioid OD, Outcome Unknown

**Report to Grant County Health  
District within 48hrs of an  
Overdose Event**

Confidential Fax: (509) 764-2813  
24hr Phone: (509) 398-2083

**Submission date:**

**Patient Information**

**Response**

Name (last, first, MI) \_\_\_\_\_  Unk

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Unk

Reporter name \_\_\_\_\_

Reporter phone number \_\_\_\_\_

Agency name \_\_\_\_\_

Agency record number (MRN, incident number, etc) \_\_\_\_\_

**People involved:**

- Law enforcement
- Fire/EMS
- Hospital
- Coroner

If the incident number cannot be located in the WEMSYS database, additional information will be requested from the reporting agency to support follow-up and data verification.

**Notes (If applicable):**