



**KOPFLER & HERMANN**

306 Grinage St., Houma, LA 70360 • 985-851-3311 • 800-250-4436  
www.kopflerhermann.com • joe@kopflerhermann.com

**A) CALLER TRIAGE INTAKE (For Staff – first call) — Improved Spacing**

**Intake by**

**Date/Time**

Preferred contact:            Call            Text            Email

OK to leave voicemail?            Yes            No

**1) Personal Information**

**Full Name (as on ID)**

**Date of Birth**

**Last 4 SSN (optional)**

Language preference:            English            Spanish            Other

**If Other, language**

**2) Contact Information**

**Home Address (service location)**

**City/Parish/ZIP**

**Alternate Address (if evacuated)**



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**Phone(s)**

**Email**

**Best time to reach you**

**3) Location/Exposure Snapshot**

Where were you during/after the explosion (Aug 22, 2025)?

- At home (within 1 mile)
- Nearby (>1 mile)
- At work
- Traveling through

**Exact address or landmark**

Evacuated?                      Yes              No

**Evacuation dates (if any)**

Odors/soot observed (check all that apply):

- Chemical odor
- Black/oily soot
- Oily spots on vehicles/home

Photos/videos taken?                      Yes              No

**4) Health (Today)**

Symptoms (check all that apply):

- Sore throat
- Cough
- Wheeze
- Burning eyes
- Headache
- Nausea
- Skin rash



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**Other symptom (describe)**

Seen by medical provider?                      ER              Urgent Care              PCP              None yet

**Provider/Facility & date**

**5) Property Snapshot**

Residence type:

- Single-family
- Apartment
- Mobile home
- Farm
- Business

Observed damage/cleanup needs (check all that apply):

- Soot on exterior
- Staining/etching
- HVAC filter contaminated
- Gutter/oily residue
- Landscaping affected
- Pool contamination
- Vehicle soiling

**Insurance carrier(s): Home / Auto / Renters-Business**

**6) Employment Relations**

**Current employer**

**Job title**

Work impacted? (check all that apply)

- Missed work
- Symptoms at work
- Employer in evacuation zone

Employee/contractor of Smitty's/site contractor?                      Yes              No



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**If Yes, who?**

Workers' Comp involved?                      No              Yes              Unsure

**7) Conflicts / Other Counsel**

Signed with another attorney about this incident?                      Yes              No

**If Yes, firm**