**Initial Damage Assessment Report**

**(Notification to DHS&EM)**

Reporting location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Village/City/Borough) (date & time)

Reported by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (title)

***NOTE: If this is a Borough report but does not include all affected cities and villages in the Borough, specify the city or towns excluded.***

***(Example: Kenai Peninsula Borough less the City of Homer)***

Area(s) affected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of damage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (e.g., flood, fire, windstorm, earthquake, landslide, etc.)

**Persons and Needs**

(Insert approximate numbers in space provided)

A. Deceased \_\_\_\_\_\_\_\_\_\_\_ F. Need food \_\_\_\_\_\_\_\_\_\_

B. Injured \_\_\_\_\_\_\_\_\_\_\_ G. Need water \_\_\_\_\_\_\_\_\_\_

C. Missing \_\_\_\_\_\_\_\_\_\_\_ H. Need sanitation \_\_\_\_\_\_\_\_\_\_

D. Require medical help\_\_\_\_\_\_\_\_\_\_\_ I. Need clothing \_\_\_\_\_\_\_\_\_\_

E. Need shelter \_\_\_\_\_\_\_\_\_\_\_

**Damage to essential or lifeline facilities (minor, major or none)**

A. Hospital/Clinics \_\_\_\_\_\_\_\_\_\_\_ H. Communications \_\_\_\_\_\_\_\_\_\_\_

B. Power Plants \_\_\_\_\_\_\_\_\_\_\_ I. Railroads \_\_\_\_\_\_\_\_\_\_\_

C. Fuel Supply \_\_\_\_\_\_\_\_\_\_\_ J. Airports/Runways \_\_\_\_\_\_\_\_\_\_\_

D. Roads \_\_\_\_\_\_\_\_\_\_\_ K. Water Treatment \_\_\_\_\_\_\_\_\_\_\_

E. Bridges \_\_\_\_\_\_\_\_\_\_\_ L. Sewage Plants \_\_\_\_\_\_\_\_\_\_\_

F. Schools \_\_\_\_\_\_\_\_\_\_\_ M. Distribution Lines \_\_\_\_\_\_\_\_\_\_\_

G. Community Buildings \_\_\_\_\_\_\_\_\_\_\_ N. Heating Systems \_\_\_\_\_\_\_\_\_\_\_

**Damage to private property**

A. Dwelling Units % \_\_\_ $ \_\_\_\_\_ C. Farms & Ranches% \_\_\_ $ \_\_\_\_\_

B. Commercial Bldg% \_\_\_ $ \_\_\_\_\_ D. Livestock % \_\_\_ $ \_\_\_\_\_

Are there large accumulations of debris? \_\_\_\_ Yes \_\_\_\_ No (If yes, explain in remarks)

Is the local government intact enough to fulfill its governing functions? Yes \_\_\_ No \_\_\_

**Possible Needs for DHS&EM emergency assistance**

A. Search and Rescue Yes \_\_\_\_ No\_\_\_\_ Unsure \_\_\_\_\_

B. Evacuation Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

C. Security/Protection Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

D. Medical and Health Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

E. Shelter and Clothing Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

F. Food Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

G. Water Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

H. Repairs to communication systems Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

I. Repairs to Bank Protection Yes \_\_\_\_ No \_\_\_\_ Unsure \_\_\_\_\_

J. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Emergency Operations Center (EOC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of EOC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Communications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of local government funding available and expected to be appropriated to meet the needs of this disaster \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of Person Filing Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The next report with more details will be sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_