



Damage and Impact Assessment Report

Local Jurisdiction Summary

(Submit completed form to County Emergency Manager)

Report Date
MM/DD/YY

- Initial Report
 Follow up Report

Incident Start Date
MM/DD/YY

Submitted By:

County

Agency

Jurisdiction

Name

Jurisdiction Type:

- City Watershed District
 Township Tribal Government
 School District Private/Nonprofit

Title

Population

Phone

Cell

Annual Budget

24 Hour

Fax

Annual Public Works Budget

E-mail

Incident Type (check all that apply):

- Flooding* Tornado High Winds Winter Storm
 Other (Specify)

*Flooding events ONLY

Is the jurisdiction in the flood plain?

- Yes No Unknown

Does the jurisdiction participate in the National Flood Insurance Program?

- Yes No Unknown

Describe the incident and its results in detail:

Describe actions taken by emergency responders:



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Individual Assistance Information

Complete if people, businesses, or agriculture were impacted

Deaths	Injuries	Missing	Evacuated	Sheltered

List any special populations and/or facilities affected:

Single Family Homes:

Destroyed	Major Damage	Minor Damage	Affected	Percentage Insured*

Multi Family Homes:

Destroyed	Major Damage	Minor Damage	Affected	Percentage Insured*

Manufactured Homes:

Destroyed	Major Damage	Minor Damage	Affected	Percentage Insured*

*Explain how you determined the percentage of homes covered by appropriate insurance:

List the major insurance carriers in the area:

Describe the type of construction and characteristics of the damaged homes (basement, slab, frame, brick, prefab, apartments, etc.):

Describe utility or access problems that make homes unlivable:

Families needing alternate housing (est.)

Describe the availability of rental/alternate housing in the area:



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Individual Assistance Information

Complete if people, businesses, or agriculture were impacted

Business Property:

Destroyed	Major Damage	Minor Damage	Affected	Percentage Insured*
<input type="text"/>				

Disaster-related unemployment(estimate)	Length of unemployment due to Incident (estimated days)	Disaster-related business losses (estimate)	Pre-disaster Unemployment Rate	Pre-disaster Income level (estimate)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List the base industry(ies) of the area:

Addition business/economic impact information:

**Include a map of the county and a city map for each affected jurisdiction
Indicate areas of major damage to homes and businesses on the maps**

Agriculture:

Agricultural impact information:



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Public Assistance Information

Compile costs for debris removal, protective measures, and losses/damages to the infrastructure of the jurisdiction.

Estimated Total Impact to Infrastructure of Jurisdiction

Potential environmental issues? Yes No NOTE: If current damages are less than \$1000, leave category blank

Category A - Debris Clearance

(Debris on public/private property, building demolition)

Category B - Protective Measures

(Search and rescue, security/traffic control, emergency pumping)

Category C - Roads and Bridges

(Roads, streets, guardrails, sidewalks, curbs, gutters, culverts, bridges)

Category D - Water Control Facilities

(Dams, levees)

Category E - Buildings and Equipment

(Buildings, furnishings, equipment, consumable supplies)

Category F - Utilities

(Storm/sanitary sewers, lift/pump stations, power generation/transmission/distribution system, solid waste disposal)

Category G - Recreation and Other

(Parks, boat docks and piers, grass and landscape)

Infrastructure Damages Recap

Emergency Work (Categories A and B)

Permanent Work (Categories C - G)

Subtotal

Less Insurance Coverage

Total Damages



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Category A - Debris Clearance (debris on public/private property, building demolition)

Describe the impact of debris from this incident (immediate flooding threat from debris-clogged streams, emergency vehicle access, travel, health and safety, business and economic recovery, etc.):

Does the jurisdiction have a debris management plan?

Yes No

Describe your jurisdiction's debris removal contracting procedures:

Has the jurisdiction entered into a competitive bid debris removal contract?

Yes No

What state or federal response resources did your jurisdiction request and/or receive (National Guard, USACE, etc.)? Include protective measures taken to reduce/eliminate the threat.

Category B - Protective Measures (search/rescue, security/traffic control, emergency pumping)

What immediate health and safety threats still exist?

What immediate threats to improved property still exist?



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Category C - Roads and Bridges (streets, guardrails, sidewalks, curbs, gutters, culverts, bridges)

Describe the most notable road and bridge damage (include whether the facilities are federal-aid secondary (FAS) or non-FAS, length of damaged road, size of damaged bridge, estimated time frame for repairs):

Describe access problems caused by road and bridge damage (Impact on residents, businesses, emergency response):

List alternate routes:

Are alternate routes easily accessible? Yes No

Is the damage widespread? Yes No

Explain how minor damages could result in significant further damage if not repaired:

Category D - Water Control Facilities (dams, levees)

Are the damaged facilities primarily for flood control? Yes No

List damaged water control facilities that come under the authority of a federal agency (NRCS, USACE):



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Category D - Water Control Facilities (dams, levees) continued

Describe the most notable damage to water control facilities:

Describe emergency work that is necessary to protect health and safety or to lessen the immediate threat of additional damage to improved property:

Category E - Buildings and Equipment (buildings, furnishings, equipment, consumable supplies)

Describe damage to critical facilities (power, water, sewer services, wastewater treatment, communications, emergency medical care, fire department services, emergency rescue, nursing homes):

Were all of the damaged critical facilities insured? Yes No

Describe plans for repair of critical facilities:

List available alternative facilities, if any, for significantly damaged critical facilities:



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Category F - Utilities (storm/sanitary sewers, lift/pump stations, power generation/transmission/distribution system, solid waste disposal)

Electric Power System:

Percentage of system affected: None Less than 25% 25 - 50% 50 - 75% 75 - 100%

List areas without power:

Describe scenario for full power restoration and system repair:

Fresh Water Treatment Facilities and Distribution System:

Percentage of system affected: None Less than 25% 25 - 50% 50 - 75% 75 - 100%

List areas without potable water:

Describe scenario for water treatment and distribution system repair:

Wastewater (Sewage) Treatment Facilities and Sewer System:

Percentage of system affected: None Less than 25% 25 - 50% 50 - 75% 75 - 100%

List areas without sewer service:

Describe scenario for wastewater treatment and sewer system repair:



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Category G - Parks, Recreational Facilities, and Other Items (boat docks, piers, grass, landscape)

Describe damage to parks and recreational facilities:

Describe the damage's impact on the local economy (tourism, etc.):

Describe scenario for repairs to parks and recreational facilities:

Describe notable damage to other public and private nonprofit facilities that are not included in any other category:

Describe the significance of the facility(ies) to the jurisdiction:

Describe scenario for repairs to these facilities:

**Include a map of the county and a city map for each affected jurisdiction
Indicate areas of major damage on the maps**



Damage and Impact Assessment Report

County Summary

Submit initial report to HSEM within 48 hours. Provide as much information as possible.

Report Date	<input type="text"/>	<input type="radio"/> Initial Report	Incident Start Date	<input type="text"/>
		<input type="radio"/> Follow-up Report		

Submitted By:

Agency	<input type="text"/>	County	<input type="text"/>
Name	<input type="text"/>	Population	<input type="text"/>
Title	<input type="text"/>	Affected Cities	<input type="text"/>
Phone	<input type="text"/>	Cell	<input type="text"/>
24 Hour	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>	Affected Townships	<input type="text"/>
		Affected Tribal Govt.	<input type="text"/>

Note: Submit tribal government reports separately

Incident Type (check all that apply):

Flooding*
 Tornado
 High Winds
 Winter Storm
 Other (specify)

*List affected jurisdiction(s) in the flood plain:

*Affected jurisdiction(s) in the National Flood Insurance Program:

Describe the incident and its results in detail:

Describe actions taken by emergency responders: