NORTHWEST ARCTIC BOROUGH
INITIAL DAMAGE ASSESSMENT REPORT

Reporting location ___________________________________________________________
(Name of village/city/borough) (Date & time)

Reported by ________________________________________________________________
(Name) (Title)

Area(s) affected _____________________________________________________________
Cause of damage ______________________________________________________________
(e.g., flood, fire, windstorm, earthquake, landslide)

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 _________ J. Other (i.e., batteries, flashlights, shovels, picks, headlamps, etc.)

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

A. Hospital/clinics _________ H. Local Communications _________
B. Power supply: _________ 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 and ranches % ___ $ ___
B. Commercial bldg % ___ $ ___ D. Livestock % ___ $ ___

Are there large accumulations of debris? ____ Yes ____ No (If yes, explain in Remarks)

Is the local government intact and able to fulfill its governing functions? Yes ____ No____

Possible needs for Northwest Arctic Borough 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 coastal/riverbank protection
   Yes _____  No _____  Unsure _____
J. Other (specify in Remarks Section)

Emergency Operations Center (EOC) location ________________________________

Telephone number of EOC ________________________________ FAX ________________

Other communications ______________________________________________________

Amount of local government funding available to meet the needs of this disaster $__________

Remarks ________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name and title of person filing report ________________________________

Date and time __________ / __________ Next report will be sent ________________

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