

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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