



DISASTER ASSESSMENT SUMMARY

INITIAL

SUPPLEMENTAL

1. Jurisdiction(s) Affected _____ Date: _____

2. Disaster: Type _____ Date _____ Time _____

3. Report by: Name _____ Title _____
 Work Phone _____ Home Phone _____

4. Affected Individuals: (Assign affected individuals to only one category.)

a. Fatalities		d. Missing	
b. Injuries		e. Evacuated	
c. Hospitalized		f. Sheltered	

5. Property Damage:

a. Residence

	# Destroyed	#Major	#Minor	#Inaccessible	# Insured
Single Family					
Multi Family					
Mobile Homes					

Estimated Losses to Residence \$ _____

b. Business

# Destroyed	# Major	# Minor	# Insured

Estimated Loss to Business \$ _____

c. Public Facilities

Type of Work or Facility Categories	Estimate	# of Sites	Brief Description of Damages
A. Debris Removal	\$		
• Protective Measures	\$		
• Roads & Bridges	\$		
• Water Control	\$		
• Buildings Equipment	\$		
• Utilities	\$		
• Parks and Receptions	\$		
Total Estimate	\$		

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