



PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

Initial Damage Report

Name of Event: _____ Date: _____

County: _____ Municipality: _____

Time of Report: _____ Disaster Declared: Yes No Time Declared: _____
Casualties *Damages*

		Destroyed	Major	Minor	Affected
No. Fatalities: _____	Single Family:	_____	_____	_____	_____
Major Injuries: _____	Multi-Family	_____	_____	_____	_____
Minor Injuries: _____	Mobile Homes:	_____	_____	_____	_____
Missing: _____	Businesses:	_____	_____	_____	_____
	Hospitals:	_____	_____	_____	_____
	Schools:	_____	_____	_____	_____
	Public Buildings:	_____	_____	_____	_____
No. Hospitalized: _____	No. Evacuated: _____	No. Sheltered: _____			

Please identify roads closed and why they are closed; list damaged and closed bridges with locations; list damaged water and sewer facilities; list damaged parks and recreation areas; list damaged utilities. Use GPS readings if possible.

Person Completing this Report: _____ Telephone: _____