# INITIAL DAMAGE ASSESSMENT - PUBLIC ASSISTANCE

**(1) DAMAGED ENTITY:** _____

(a) County Government (b) Municipality

(c) Private Non-Profit (d) Indian Tribe

(Specify One)

**(2) COUNTY:**_____

**(3) POPULATION:**_____

**(4) ANNUAL OP BUDGET:**_____

**(5) OUTSTANDING DEBTS :**_____

**(6) NET BUDGET:**_____

**(7) INCIDENT (X)**

**( )FLOOD**

**( )HURRICANE**

**( )TORNADO**

**( )OTHER**_____

(Specify)

**(8) ADD'L INFO SOURCE**

_____

**(9) TELEPHONE NUMBER**

_____

**(10) ASSESSMENT TEAM**

_____

_____

_____

_____

**(11) INCIDENT PERIOD**

_____

**(12) DATE OF SURVEY**

_____

**(13) PAGE____OF____**

| | | | CATEGORIES (DOLLARS) | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **REF NO. (14)** | **NAME/LOCATION (STREET,SR, X-ROADS,ETC.) (15)** | **DESCRIPTION OF DAMAGE (16)** | **A** DEBRIS REMOVAL **(17)** | **B** PROTECTIVE MEASURES **(18)** | **C** ROADS,SIGNS, BRIDGES **(19)** | **D** WATER CONTROL **(20)** | **E** BLDGS & EQUIP. **(21)** | **F** PUBLIC UTILITIES **(22)** | **G** PARKS&REC. &OTHER **(23)** | **TOTAL ESTIMATED DAMAGES (24)** | **$ AMOUNT INSURANCE COVERAGE (25)** | **TOTAL ESTIMATED UNIS. LOSS (26)** | **COMMENTS (NOTE ANY IMPACTS DUE TO LOSS) (27)** |
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| | | **TOTALS** | | | | | | | | | | | |

**EM 40**

**REV. 7/96 dls**

DAPALEG.WB2

**(28) TOTAL EST.UNINS. LOSS/POPULATION=$___ / CAPITA**

**(29) TOTAL EST. UNINS. LOSS/NET BUDGETx100= % IMPACT ON BUDGET**