

# NEIGHBORHOOD DAMAGE SUMMARY

<b>DATE:</b>	<b>PERSON REPORTING:</b>	<b>PAGE #:</b>
<b>TIME RECEIVED:</b>	<b>PERSON RECEIVING:</b>	

TIME	TEAM	LOCATION/ADDRESS	FIRES		HAZARDS(1)				STRUCTURE		PEOPLE(4)				ROADS		\ - X	TIME
			BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED(2)	SEARCHED(3)	IMMEDIATE	DELAYED	MINOR	DEAD	TRAPPED	ACCESS	NO ACCESS	ASSIGNMENT COMPLETED

(1) Utilities: **X** - Leak, **TO** – Turned Off  
 (2) Damage: **L** – Light, **M** – Moderate, **H** – Heavy, **C** – Collapsed  
 (3) Search: **\** – partial, **X** - complete  
 (4) People: **U** if victims but actual number unknown