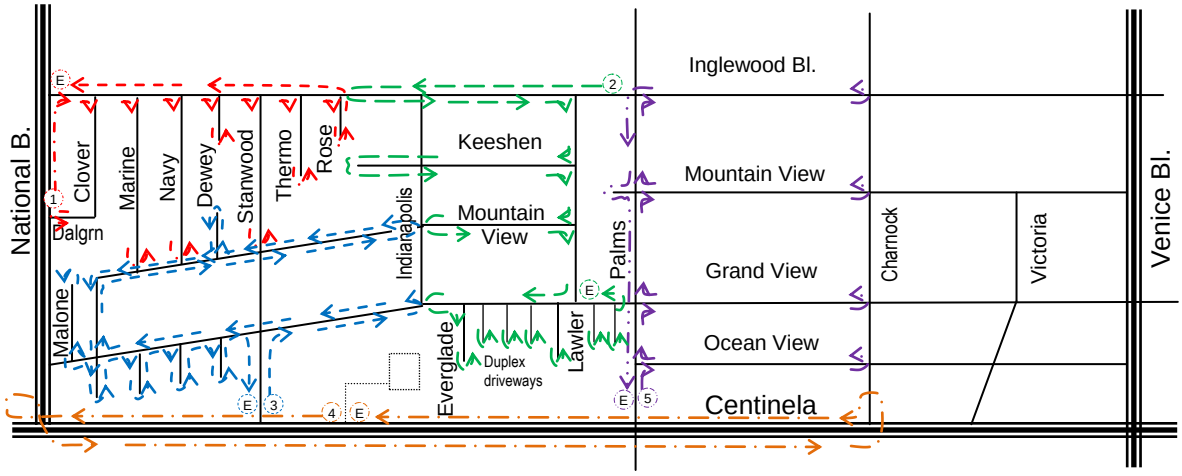
Damage Report

Date:

Time:

Person Reporting:

Area Map & Suggested Routes



TIME FOUND	INCIDENT ADDRESS/LOCATION	Struc Type		FIRES		HAZARDS				ROADS		STRUCTURE DAMAGE			OCCUPANTS			C.C. Use
	For Residential, enter: Street Name Address Address For Workplace, enter: Building/Floor/Corridor	**A**pt **B**usiness **H**ouse **S**chool **BR**idge **Bus** **C**ar **TR**ain **Truc**K	CERT Help Requested? (Y/N)	**Small** (Lo heat @ 10 feet.)	**Large** (Too hot to stop)	**Power Line Down**	**Haz. Materials** (704 > 1)	**Gas - Main or Line**	**Water - Main or Line**	**Blocked**	**Unsafe**	**Heavy** (Broken Walls.) (Tilting. Collapse. Cracked UMB)	**Moderate** (Cracked Walls.)	**Light,** (Broken Windows.) but no 'We're OK'	√ Type likely, or Number plus **I** = **I**njured. **T** = **T**rapped. **D** = **D**ead.			Incident ID Number. (X - Completed.)
															Adults	**Children**	**Elderly**	

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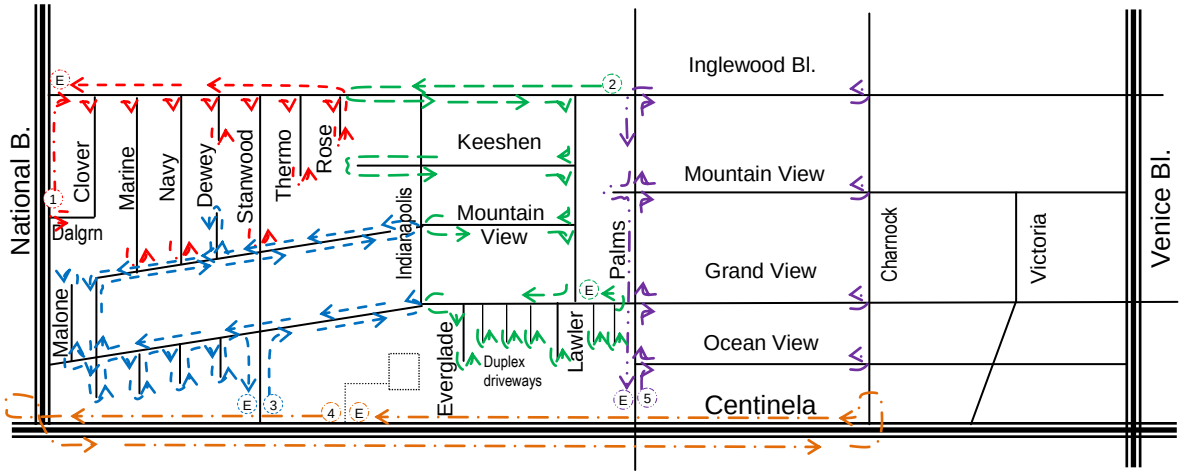

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