

DISASTER DAMAGE REPORT

Preliminary Disaster Damage Reporting Form

This form is intended to capture preliminary information about damage sustained during a disaster. Please complete the form to the best of your abilities and submit completed Preliminary Damage Reporting form and all available photos of listed damages to desrecovery@mt.gov

Name:			Title:	
Phone:			Email:	
Organization:			Department	:
Basic Information	n:			
Damaged Location	Name:			
Street Address and GPS coordinates prefe		ordinates	s of damage:	
Type of Property:				
Building	Utilities		Roads	Bridge
Other:				
Property Insured:	Yes	No		
Policy Number:				
Damage Details:				
Cause of Damages:	(Check all that	apply)		
Flooding	Wind Damage		Structural Damage	Utility Disruption (power/water)
Other:				
Damage cost estima	ite:			

Brief Description of Damage/s and how cost was estimated: (Please describe in a few sentences)



DISASTER DAMAGE REPORT

Safety Concerns:		
Immediate safety concerns?	Yes	No
If yes, please describe hazard(s):		
Additional Information:		
Are temporary repairs required:	Yes	No
If yes, please describe repairs requ	uired:	
Photos:		
Are photos available of damages: Please send all available photos along		No s form to desrecovery@mt.org
Attestation:		
		port is accurate and true to the best of my knowledge in ontana Disaster and Emergency Services Recovery team.
gnature:		Date: