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WISCONSIN EMERGENCY MANAGEMENT DEPARTMENT OF MILITARY AFFAIRS

UNIFORM DISASTER SITUATION REPORT

| | | |
|-------------------------------------|---------------------------|-----------|
| 1. NAME OF PERSON SUBMITTING REPORT | ADDRESS, CITY, STATE, ZIP | PHONE NO. |
|-------------------------------------|---------------------------|-----------|

| | | | | |
|----------------------------|-------------------------------|------------------|--|--------------|
| 2. DATE & TIME OF INCIDENT | 3. TYPE OF INCIDENT/EMERGENCY | 4. DATE REPORTED | ORIGINAL <input type="checkbox"/> Yes <input type="checkbox"/> No | REVISION NO. |
|----------------------------|-------------------------------|------------------|--|--------------|

| | | |
|---------------------------------|------------|----------|
| 5. LOCATION OF INCIDENT: | WEM REGION | COUNTY |
| CITY | VILLAGE | TOWNSHIP |

OTHER LOCATION DETAILS (ATTACH A MAP SHOWING LOCATIONS):

| | | | | |
|--|--------|----------|----------|-----------|
| 6. ESTIMATED NUMBER OF INDIVIDUALS IMPACTED | | | | |
| SHELTERED | DEATHS | INJURIES | HOMELESS | EVACUATED |

| | | | | | | | | |
|--|-----------------------------|--------------------------|-----------|-----------|--------------------------|--|--------------------------|--------------------------|
| 7. PRIVATE SECTOR DAMAGE ESTIMATES: | | | | | | | | |
| RESIDENTIAL | ESTIMATED NO. OF HOMES | | | | ESTIMATED DOLLAR AMOUNT | ESTIMATED PERCENT COVERED BY INSURANCE | | |
| | AFFECTED | MINOR | MAJOR | DESTROYED | | | \$ - | % |
| BUSINESS | ESTIMATED NO. OF BUSINESSES | | | | ESTIMATED DOLLAR AMOUNT | ESTIMATED PERCENT COVERED BY INSURANCE | | |
| | MINOR | MAJOR | DESTROYED | | | | \$ - | % |
| AGRICULTURAL | FARM BUILDINGS DAMAGED? | | | | CROPS AFFECTED? | | LIVESTOCK LOST? | |
| | YES | NO | | | YES | NO | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|--|------|
| 8. TOTAL ESTIMATED PRIVATE SECTOR DAMAGE | \$ - |
|--|------|

| | | | |
|---|---------------------------|--|-----------------------------|
| 9. PUBLIC SECTOR DAMAGE ESTIMATES: | | | |
| A) DEBRIS CLEARANCE | B) PROTECTIVE MEASURES | C) ROAD SYSTEMS | D) WATER CONTROL FACILITIES |
| \$ - | \$ - | \$ - | \$ - |
| E) PUBLIC BLDGS & RELATED EQUIPMENT | F) PUBLIC UTILITY SYSTEMS | G) OTHER (NOT IN PRECEDING CATEGORIES) | |
| \$ - | \$ - | \$ - | |

| | |
|--|------|
| 10. TOTAL ESTIMATED PUBLIC SECTOR DAMAGE | \$ - |
|--|------|

11. DESCRIBE LOCAL ACTIONS TAKEN OR TO BE TAKEN. INCLUDE NAMES AND PUBLIC OFFICIALS INVOLVED IN THE RESPONSE EFFORTS.

12. DESCRIBE OUTSIDE ASSISTANCE NEEDED OR BEING REQUESTED

13. CHECK BOX IF COUNTY INTENDS TO APPLY FOR ASSISTANCE FROM THE WISCONSIN DISASTER FUND.

14. ADDITIONAL COMMENTS (INCLUDING ECONOMIC OR OTHER IMPACTS ON AFFECTED COMMUNITIES)