Incident Number:_____

PUBLIC ASSISTANCE DAMAGE SURVEY REPORT

City: _____ **County:** _____ **Date:** _____

Type of Disaster: ☐ **Tornado** ☐ **Flood** ☐ **Earthquake** ☐ **Other:** _____

Damage Survey Team: _____

Location	Description of Damage	Map No.	Category (Figures in Dollars)							
			A DEBRIS REMOVAL	B PROTECTIVE MEASURES	C ROAD SYSTEMS	D WATER CONTROL	E PUBLIC BUILDINGS	F PUBLIC UTILITIES	G RECREATIONAL FACILITIES	INSURANCE
TOTALS:			$_____	$_____	$_____	$_____	$_____	$_____	$_____	$_____

V-1-1-3

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KyEM Form 501
(Revised 22 December 1999)