DAMAGE ASSESSMENT: SUMMARY LEVEL	CERT AREA	MESSAGE ID

DATE:	PERSON REPORTING:	PAGE #:
TIME RECEIVED:	PERSON RECEIVING:	

		BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED* (L, M, H)	COLLAPSED	INJURED (Red or Yellow)	TRAPPED	DEAD Report as " Black"	ACCESS	NO ACCESS	ASSIGNMENT COMPLETED
TIME	LOCATION/ADDRESS	FIRES		HAZARDS				STRUCTURES		PEOPLE			ROADS		/ X