DISASTER ASSESSMENT REPORT

This is not a claim form. Information contained in this form will be used for municipal reporting purposes only. Please contact your insurance company regarding damage claims.

GENERAL INFORMATION

Name

Mailing Address | City/Town | Postal Code

Home Phone | Mobile Phone | Email Address

Type of Incident | Start Date | End Date

Incident Location (if different) | Own OR Rent | City/Town | Postal Code

Have you been displaced from your home? (Include cost of lodging on the next page.) ☐ Yes ☐ NO

INJURIES & TREAMENT

Are there any serious injuries associated with the Incident? ☐ Yes ☐ NO

Please list the person(s) and injury(ies) sustained as a result of the Incident.

NAME	AGE	TYPE OF INJURIES	SOUGHT MEDICAL ASSISTANCE?	
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO
			☐ YES	☐ NO

Describe the circumstances which led to the injuries suffered.

Describe medical treatment(s) provided and any ongoing condition(s) or treatment(s).

DAMAGE ASSESSMENT

INITIAL ASSESSMENT & FLOOD DEPTH(S) | Residence

(If there is damage to multiple units at one address, please use a separate line for each.)

UNIT	STRUCTURE TYPE	DEPTH AT BASEMENT	DEPTH AT 1ST FLOOR	BASEMENT LIVING AREA?	INSURANCE?	STRUCTURAL DAMAGE?	HABITABLE?	ESTIMATED REPAIR COST
							SUB-TOTAL	

INITIAL ASSESSMENT | Non-Residence and Additional Property

(TYPE = Structure, Vehicle or Equipment)

ITEM TYPE	ITEM DESCRIPTION	DAMAGE DESCRIPTION	REPAIR OR REPLACE	ESTIMATED COST
			SUB-TOTAL	

ADDITIONAL COSTS

Out-of-Pocket medical costs or costs not covered by Medicare	
Lodging costs related to displacement (if applicable)	$

Describe additional costs, actual or estimated, resulting from the Incident.

TYPE	DESCRIPTION	REASON	ACTUAL OR ESTIMATED	COST
			SUB-TOTAL	

TOTAL ESTIMATED FINANCIAL IMPACT	
	$

Please return the completed form:

In person:	By Email:	By Fax:
1 School Street, St. George	info@easterncharlotte.ca	506-755-4329