



Elk Grove – Galt Community Emergency Response Team

Form 1002 **Damage Assessment - Neighborhood**

Person Reporting: _____ Date: _____ Page: ____ of ____

Person Receiving: _____ Time Received: _____

		Burning	Fire Out	Gas Leak	Water leak	Electric	Chemical	Damaged *	Collapsed	Injured	Trapped	Deceased	Access	No Access	Assignment Complete
TIME	LOCATION/ADDRESS	FIRES (Y/N)		HAZARDS			STRUCTURE (H/M/L)		PEOPLE			ROADS		/X	
Notes															
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