

**NEW JERSEY OFFICE OF EMERGENCY MANAGEMENT
PRELIMINARY DAMAGE ASSESSMENT REPORT**

Disaster Type	<input type="text" value="Flooding"/>	Ongoing Assessment	<input type="text" value="NO"/>	Final Assessment	<input type="text" value="NO"/>	Date of Assessment	<input type="text"/>
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Incident Start Date	<input type="text"/>	Incident End Date	<input type="text"/>
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1. EFFECTED POPULATION

County	<input type="text" value="Atlantic County"/>	Municipality	<input type="text"/>
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2. POINT OF CONTACT INFORMATION

Name: Title:	<input type="text"/>	E-mail	<input type="text"/>
		Phone Number	<input type="text"/>

# of Evacuated Persons	0	# of Displaced Persons	0	# of Sheltered Persons	0
# of Injured Persons	0	# of Missing Persons	0	# of Deceased Persons	0

3. PRIVATE SECTOR	# Effected	# Minor	# Major	# Destroyed	Estimated Total Loss (\$)	Percentage Insured (%)
Single Family Homes						
Multi Family Units						
Businesses						
Industrial Units						
Total Private Sector Damage (\$)					\$0.00	
Estimate # of Disaster Related Unemployed Persons					\$0.00	

4. PUBLIC SECTOR

CATEGORY OF WORK (A-G)	DESCRIPTION / DEFINITION	ESTIMATED COST (\$)
A	DEBRIS REMOVAL	\$0.00
B	EMERGENCY PROTECTIVE MEASURES	\$0.00
C	ROAD SYSTEMS	\$0.00
D	WATER CONTROL FACILITIES	\$0.00
E	PUBLIC BUILDING AND EQUIPMENT	\$0.00
F	PUBLICLY OWNED UTILITY SYSTEM	\$0.00
G	OTHER (PARKS AND RECREATION)	\$0.00
TOTAL PUBLIC SECTOR DAMAGE (\$) - - - -		\$0.00
TOTAL PUBLIC SECTOR DAMAGE (\$) - - - -		\$0.00

NARRATIVE	<input type="text"/>
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Submitted By:	<input type="text"/>	Date:	<input type="text"/>
Title:	<input type="text"/>	Time:	<input type="text"/>
Received By:	<input type="text"/>	Date:	<input type="text"/>

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