

# APPENDIX H

## INITIAL ASSESSMENT REPORT

Reporting location	<u>City of Stebbins</u>	<u>9/19/22</u>
	<small>(Name of village/city/borough)</small>	<small>Date &amp; time</small>
Reported By:	<u>Daisy Katcheak</u>	<u>City Administrator</u>
	<small>(Name)</small>	<small>Title</small>
Area(s) affected	<u>1st street, Airfield, &amp; residential homes.</u>	
Type of Disaster/Emergency	<u>Flood Disaster</u>	
	<small>(e.g., flood, fire, windstorm, earthquake, landslide)</small>	
<b>Casualties</b>		
<small>(Insert appropriate numbers into the space provided)</small>		
A. Deceased	<u>0</u>	D. Missing
B. Injured	<u>0</u>	E. Require medical help
C. Endangered	<u>4</u>	F. Trapped/isolated
		<u>4</u>
<b>Evacuation and Sheltering</b>		
<small>(Insert appropriate numbers into the space provided)</small>		
A. Total population sheltered	<u>742</u>	C. Homes evacuated
B. Total # shelters open	<u>3</u>	D. # sheltered overnight
		<u>2</u>
<b>Damage to Private Property</b>		
<u>INDIVIDUALS</u>		<u>TRADITIONAL/CULTURAL</u>
A. Homes and Dwellings	<u>8-10</u>	G. Boats and/or motors
B. Boats	<u>2</u>	H. Subsistence equipment (Fishing Nets/Wheels)
C. Vehicles/Four Wheelers	<u>0</u>	I. Fish Camps/Drying Racks
D. Private Property	<u>    </u>	J. Berry-picking areas
<u>BUSINESS/COMMERCIAL</u>		K. Cemetery
E. Rentals/Apartments	<u>2</u>	L. Meeting Halls
F. Businesses/Stores	<u>2</u>	<u>0</u>

*This report of actual or expected damage should be used to request specific support from the SEOC. It will also save valuable time if the person reporting this information is an ELECTED OFFICIAL with the authority to request assistance*

<b>Damage to Essential or Lifeline Facilities</b>			
(Insert appropriate numbers into the space provided)			
<b>ESSENTIAL LIFELINES</b>		<b>CRITICAL FACILITIES</b>	
<input type="checkbox"/> Power Generation and Powerlines	<u>0</u>	<input type="checkbox"/> Hospitals/Clinics	<u>0</u>
<input type="checkbox"/> Fuel Supply, Storage, and Delivery Systems	<u>0</u>	<input checked="" type="checkbox"/> Schools <i>Water lines</i>	<u>1</u>
<input type="checkbox"/> Water Production, Treatment, and Storage	<u>0</u>	<input type="checkbox"/> Teacher Housing	<u>0</u>
<input type="checkbox"/> Sewage Treatment Facilities	<u>0</u>	<input type="checkbox"/> Community, Tribal, or Government Buildings	<u>1</u>
<input type="checkbox"/> Heating Facilities	<u>   </u>	<input type="checkbox"/> Fire and Police Stations	<u>1</u>
<input type="checkbox"/> Communication Systems	<u>   </u>	<input type="checkbox"/> Roads/Bridges	<u>6</u>
		<input type="checkbox"/> Airports/Runways	<u>1</u>
		<input type="checkbox"/> Levees/Sea Walls	<u>1</u>
<b>Type of Emergency Assistance Needed</b>			
(See Table 3: Basic and Immediate Needs List)			
<b>BASIC NEEDS</b>		<b>IMMEDIATE NEEDS</b>	
<input checked="" type="checkbox"/> Food		<input type="checkbox"/> Situational Awareness	
<input checked="" type="checkbox"/> Water		<input type="checkbox"/> Accountability	
<input checked="" type="checkbox"/> Power		<input type="checkbox"/> Evacuation	
<input checked="" type="checkbox"/> Emergency Shelter		<input checked="" type="checkbox"/> Short-Term Shelter	
<input type="checkbox"/> Heat		<input type="checkbox"/> Search and Rescue	
<input type="checkbox"/> Fuel		<input type="checkbox"/> Public Safety	
<input type="checkbox"/> Communication		<input type="checkbox"/> Emergency Medical Care	
<input type="checkbox"/> Sanitation		<input type="checkbox"/> Incident/Emergency Management	
<input type="checkbox"/> Safety and Security		<input type="checkbox"/> Oil/Fuel Spills, Haz Mat, and Chemical Release Response and Cleanup	
<input type="checkbox"/> Short-Term Medical Care, Equipment, and Supplies		<input type="checkbox"/> Emergency and Public Information	
<input type="checkbox"/> Personal Hygiene		<input type="checkbox"/> Critical and Prescribed Medications	
<input type="checkbox"/> Clothing/Bedding		<input checked="" type="checkbox"/> Flood-Fighting Resources	
<input type="checkbox"/> Mental and Behavioral Health		<input checked="" type="checkbox"/> Debris Clearance and Removal	
<b>Debris Management</b>			
(Explain in Remarks Section)			
Are there large accumulations of debris?		Yes: <u>X</u> No <u>   </u>	
Is there a need for emergency debris clearance?		Yes: <u>X</u> No <u>   </u>	

**Affected Population with Access/Functional Needs**

(Insert approximate numbers into the space provided along with any assigned escorts and caregivers)

<input type="checkbox"/> Visually Impaired	___	<input checked="" type="checkbox"/> Pregnant women	<u>10</u>
<input type="checkbox"/> Deaf/Hard of hearing	___	<input checked="" type="checkbox"/> Children with or w/o disabilities	<u>6</u>
<input type="checkbox"/> Mobility Impaired	___	<input checked="" type="checkbox"/> People who don't read or speak English	<u>6</u>
<input checked="" type="checkbox"/> Single working parent	<u>10</u>	<input type="checkbox"/> People with limited English proficiency	___
<input type="checkbox"/> People w/o vehicles or other transportation	___	<input type="checkbox"/> Elderly persons w/o disabilities	___
<input type="checkbox"/> People with special dietary needs	___	<input type="checkbox"/> People from different cultures/races/nations	___
<input type="checkbox"/> People with chronic medical conditions	___	<input checked="" type="checkbox"/> Economically challenged	<u>600+</u>
<input type="checkbox"/> People with dementia or other intellectual or behavioral disabilities	___		

**Incident Management**

Is the local government able to manage this response? Yes: \_\_\_ No X

Incident Commander/Lead Community Official Ward Walker

EOC location NSHC Behavioral Health Serv.

EOC Phone Number: 944-1222 EOC FAX: (907)934-3452

Other communications \_\_\_\_\_

Public radio system? Yes: \_\_\_ No X Call sign/Frequency \_\_\_\_\_

**Remarks**

6-8 families are displaced. They need shelter, food, + water. We need 8" diesel water pumps to drain water out of neighborhoods. Roads seaside are severely eroded w/ large debris. Loader needs minor parts to function.

**Person Filing Report**

Reported By: Daisy Katcheak City Administrator  
(Name) Title

Date and Time 9/19/22 12:00pm Next report will be sent at \_\_\_\_\_