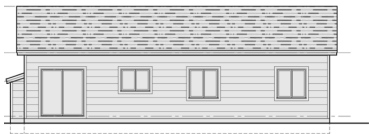


## Resident Self-Reporting Form (Crisis Track)

|                                                         |                                                                                                                                                                         |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Today's Date:</b>                                    |                                                                                                                                                                         |
| <b>Municipality</b>                                     |                                                                                                                                                                         |
| <b>First Name</b> (resident)                            |                                                                                                                                                                         |
| <b>Last Name</b> (resident)                             |                                                                                                                                                                         |
| <b>Phone #</b> (resident)                               |                                                                                                                                                                         |
| <b>Email</b> (resident)                                 |                                                                                                                                                                         |
| <b>Notes</b>                                            |                                                                                                                                                                         |
| <b>Address</b> (resident)                               |                                                                                                                                                                         |
| <b>City</b> (resident)                                  |                                                                                                                                                                         |
| <b>Zip Code</b> (resident)                              |                                                                                                                                                                         |
| <b>State</b> (resident)                                 |                                                                                                                                                                         |
| <b>Building Value \$</b>                                | \$                                                                                                                                                                      |
| <b>Identify with a disability</b>                       | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>If yes, Nature of disability</b>                     | <i>Circle One:</i> Mobility, Vision, Hearing, Cognitive, Other                                                                                                          |
| <b>If other, list</b>                                   |                                                                                                                                                                         |
| <b>Equipment Lost/Damaged</b>                           | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>If yes, list:</b>                                    |                                                                                                                                                                         |
| <b>Is there anyone age 60 or over in the household?</b> | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>Is there a veteran in the household?</b>             | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>Do you have damage to Personal Property Damage</b>   | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>If yes, Description of Personal Property Damage</b>  |                                                                                                                                                                         |
| <b>Estimated cost of personal property loss \$</b>      | \$                                                                                                                                                                      |
| <b>Primary Residence ?</b>                              | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>Have Homeowner Insurance?</b>                        | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>Have Flood Insurance?</b>                            | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>Is this a business?</b>                              | <i>Circle One:</i> YES NO I don't know                                                                                                                                  |
| <b>If yes, Business Name</b>                            |                                                                                                                                                                         |
| <b>Describe Structure Damage</b>                        | <i>Please report damage to the structure; not contents.<br/>Provide information on damage done to the roof, walls, floor, HVAC, and any intrusion by water or wind:</i> |

## Resident Self-Reporting Form (Crisis Track)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Continued Describing Structure Damage</b></p>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p><b>Photos Instructions</b></p>   <p>LEFT ELEVATION</p>  <p>RIGHT ELEVATION</p>  <p>REAR ELEVATION</p> | <p>Please take a picture of the <b>Front</b> of the home. Please frame the picture with the front door in the middle of the photo. Please make sure to include all of the front and the roof line from ground level as shown in the illustration.</p> <p>Please take a picture of the <b>Left</b> of the home. Please frame the picture with the home in the middle of the photo. Please make sure to include all the roof line from ground level as shown in the illustration.</p> <p>Please take a picture of the <b>Right</b> of the home. Please frame the picture with the home in the middle of the photo. Please make sure to include all the roof line from ground level as shown in the illustration.</p> <p>Please take a picture of the <b>Rear</b> of the home. Please frame the picture with the home in the middle of the photo. Please make sure to include all the roof line from ground level as shown in the illustration.</p> <p>Please take a picture(s) of the <b>Damage</b> of the home. Please Frame the picture with the Damage in the middle of the photo. Please make sure to include only damage to the Home/Living Space.</p> <p>Damage Examples: Roof Damage, Wall Damage, Interior photos of damage, for flood damage show water in house, water lines left by flooding.</p> <p>Things not to include: trees down unless they damage the home, fences, dog houses, tool sheds/storage buildings.</p> |
| <p><b>Can your info be shared with recovery organizations?</b></p>                                                                                                                                                                                                                                                                                                                                                                              | <p>Circle One:      YES      NO</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## **Resident Self-Reporting Form (Crisis Track)**

This survey aims to help state and local emergency management officials across Pennsylvania identify and understand damages that have occurred during recent natural disaster activity.

Please submit one survey per impacted address.

Reporting damages to Emergency Management is a voluntary activity, is not a substitute for reporting damage to your insurance agency, and does not guarantee disaster relief assistance.

### **Photo Guidance:**

Please provide photos to assist emergency managers understand the scope of impacts in your area. Photos should reflect damages you reported in the survey. The more photos you provide, the better understanding conveyed of impacts in your area. Only return to the property to take photos if it's safe and legal to do so. See more tips provided below.

- Take multiple photos from different angles including close-up photos of specific points of damage and photos of the entire structure.
- Make sure your photos aren't blurry or obscured.
- Double-check your address as well as the location pin on the in-survey map.
- Don't submit reports of non-residential structures or outbuildings (barns, carports, fences, or cars).
- Don't submit multiple entries for the same residence.
- Don't put yourself in a dangerous situation in order to take photos or submit a self-report.