1. Name of County impacted by this event:

2. Cause of emergency / disaster / damage (check as many as applies): 
   - [ ] tornado
   - [ ] straight line winds
   - [ ] downburst winds
   - [ ] flash flooding
   - [ ] riverine flooding
   - [ ] hurricane
   - [ ] tropical storm
   - [ ] earthquake
   - [ ] Other (explain):

3. When did it happen? 
   - Day: 
   - Date: 
   - Time: am/pm

4. Identify the area(s) within the County impacted by this event:

5. Estimated number of homes/mobile homes uninhabitable:

6. Estimated number of apartment units uninhabitable:

7. Estimated number of roads closed due to debris/flooding:

8. Estimated number of roads closed due to damage:

9. Facilities damaged and affecting public services (list):

10. Casualties? 
    - Injured: 
    - Hospitalized: 
    - Dead: 
    - Missing:

11. Number of persons displaced 
    - Are shelters open? 
    - Yes [ ] No [ ] Not required

12. If sheltering required, request MEMA notify American Red Cross / Dept. of Human Services: 
    - Yes [ ] No [ ]

13. If shelters are open, are they operated by American Red Cross: 
    - Yes [ ] No [ ] Unsure

14. If shelters open, list name of shelter, location, address (if known) and approximate number of people sheltered below:

15. Describe type of state assistance / resources needed:

16. List immediate priorities:

**INFORMATION PROVIDED BY:**

- **Name:**
- **Title:** Mississippi Emergency Management Agency (MEMA)
- **Agency:** Attn: Communications Section / Operations Officer
- **Address:** P. O. Box 5644
- **City / Zip:** Pearl, MS 39288-5644
- **Telephone:** Telephone Number: 1-800-222-6362 (24-hours)
- **Fax:** Fax Number: 601-933-6800 (24-hours)

**SUBMIT INFORMATION TO:**

- **Memorandum of Information:**

**NOTE:**
This INITIAL DISASTER REPORT (DR-1) is your first report of an incident. Use it only one time to record the initial impact, and then use the SITUATION REPORT (DR-2) forms for updating as more information becomes available. This and other DR forms can be used for local internal reporting and documentation in addition to forwarding to MEMA.

**Internal Actions**
If the above report was obtained from information received over the telephone, person making report sign below:

- **Signature:**
- **Date:**

MEMA DR-1 (Revised 5/08)