

**Texas Department of Public Safety**

**Disaster District Situation Report**

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| **DDC#** |  |
| **DDC Chair** |  |
| **State Coordinator/Region #** |  |
| **District Coordinator** |  |
| **District Coordinators Assigned** |  |

**APPROVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Event Name** |  |
| **Date**  |  |
| **Time** |  |
| **Operational Period** |  |
| **Report Number** |  |
| **Prepared by** | Name:  |
|  | Phone:  |
|  | Email: |

**DDC Current Situation Summary:**

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| 1. Operational Period Overview
 |
| * **Major Incidents Since Last Report**
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| **DDC Operational Objectives** |  |

* Major incidents are defined as incidents that threaten life safety, incident stabilization, and property preservation

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| 2. Critical Unresolved Issues |  |
| **Jurisdiction** | **Issue** |
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| 3. Areas Affected by Event |
| **County** | **EOC Active Y/N** | **City** | **EOC Active Y/N** |
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| 4. Commodities Distribution  |
| **Jurisdiction** | **Total Meals** | **Total Ice** | **Total Water**  |
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| 5. Casualties |  |  |  |
| **Jurisdiction** | **Number Injured Reported** | **Number Fatalities****Confirmed** | **Number Missing Reported** |
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| 6. Damages/Current Assessment |
| **Jurisdiction** | **Homes** | **Businesses** | **Government** | **Other** |
|  | D | Maj.  | Min. | A | D | Maj.  | Min | A | D | Maj. | Min. | A | D | Maj. | Min. | A |
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* Identify Number of Each by Destroyed (D), Major (Maj.), Minor (Min), Affected (A)

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| 7. Evacuations |  |  |
| **Jurisdiction/Area/Facility** | **Estimated Number** | **Remarks** |
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| 8. Shelters |  |  |  |  |  |
| * **Type**
 | **Name** | **Address** | **Capacity** | **Census** | **Status** |
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* Type: General Population Shelter (GP) / Medical Shelter (MS) / Pet Shelter (PS) / Other (O)

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| 9. Major Transportation Infrastructure Affected |
| **Type** | **Name** | **Address or Route** | **Status** |
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| 10. Critical Infrastructure Affected |
| **Jurisdiction** | **Type** | **Status** | **Number Affected** | * **Restoration**
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* Estimated Date of Restoration if Known

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| 11. Healthcare Facilities Affected |  |  |  |  |
| **Type** | **Name** | **Address** | **Beds** | **Comments** |
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| 12. State Agencies Actively Engaged  |  |  |
| **Agency** | **# of Personnel Assigned**  | **Estimated # of hours worked** |
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| 13. Comments |  |  |
| **Jurisdiction** | **Anticipated Resource Requirements** | * **Estimated Demobilization Date**
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