

**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** |  |
| **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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