Irene Flood Response - Regional Resource Coordination
Local Road Initial Damage Assessment Data Form Version 4

***Fill out One Form for Each Damage Area***

Town: ___________________________ RPC: ___________________________

Road Name/ Number and Location Description (provide adequate detail to locate project on a map such as road name, route number, GPS coordinates (Lat, Long in dec. deg), E911 Address, Mile Marker): ___________________________

___________________________________________________

___________________________________________________

___________________________________________________

Town Contact: ______________________
Title/Position: ______________________
Recorded by: ________________________
Date: _____________________________

Bridge/Culvert Number: __________________
Length (feet) of Segment (for roads): ______________

Municipal Repair Priority:
□ High    □ Medium    □ Low

Residences Stranded: □ Yes    How Many: ____________

Facility Type: (check all that apply):  □ Road  □ Bridge*    □ Culvert    □ Other Highway

*Will a Temporary Bridge be needed before Winter? □ Yes    Length in feet if known: ______

Status:  □ Closed  □ Emergency vehicle only  □ Open with lane/weight restriction
□ Open, repair needed  □ Open, Fixed

If facility is closed, is a detour route in place?  □ Yes    □ No

Will the detour be in place for more than one week? □ Yes

Damage description: ___________________________
___________________________________________________

___________________________________________________

___________________________________________________

Have temporary repairs been made: □ Yes □ No    Cost of Temporary Repairs ________________

Describe temporary repairs: ___________________________

___________________________________________________

___________________________________________________

Does Town need assistance in getting repairs started? □ Yes

Describe resources needed: ___________________________

___________________________________________________

___________________________________________________