



Earthquake Hazards Program

California Alaska Hawaii W. Mountain Pacific NW Northeast Central US Puerto Rico & US Terr. Outside US
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 Region: (hi)

DID YOU FEEL IT? REPORT IT HERE!

You can help provide information about the extent of shaking and damage for earthquakes in the United States, and you may provide specific details about how your area may respond to future earthquakes.

USGS scientists may use the information you enter in this form to provide qualitative, quantitative, or graphical descriptions of damage in USGS publications. If you would object to this possible usage of your data, please do not fill out this form.

Your ZIP code is REQUIRED! (If you are NOT in the US, please use the [non-US](#) earthquake reporting form.) All other identifiers (name, e-mail, phone, and location) are optional, but we need your ZIP code to locate the intensity in your area. The other data may be critical for further resampling, if needed.

QUESTIONNAIRE FOR A NEW OR UNKNOWN EVENT

*For other events or historic events, go to the [archives](#).
 If you are filling out a report for an event outside the US, please use [this form](#).*

Identifying information (optional):

Name:
 E-mail:
 Phone:

Since you are submitting this form for a new or unknown earthquake, **please fill out the following information completely.** This will help us accurately locate this event.

Your location when the earthquake occurred:

Street Address:

Nearest Cross Street:

City: County:

State/Possession:

Country: United States

Zip Code: **REQUIRED!**

(Don't know your zip code at the time of the earthquake? [Look it up!](#) Not in the US? Use [this form](#).)

Date of earthquake

Month: --- Day: --- Year: 2008
 Time of earthquake
 Hour: --- Minute: --- AM

While answering all these questions is optional, we encourage you to fill out as many as possible so we can provide a more accurate intensity estimate.

What was your situation during the earthquake? No answer

If you were inside please select the type of building or structure:

No building

If other, please describe:

Were you asleep during the earthquake? No

Did you feel the earthquake? (If you were asleep, did the earthquake wake you up?)

No Yes

Did others nearby feel the earthquake?

No answer/Don't know/Nobody else nearby

Your experience of the earthquake:

How would you best describe the ground shaking? No description

About how many seconds did the shaking last?

How would you best describe your reaction? No answer/Don't remember

How did you respond? (Select one.) No answer/Don't remember

If other, please describe:

Was it difficult to stand or walk? No answer/Did not try

Earthquake effects:

Did you notice the swinging/swaying of doors or hanging objects?

No answer/Did not look

Did you notice creaking or other noises? No answer/Did not pay attention

Did objects rattle, topple over, or fall off shelves? No answer/No shelves

Did pictures on walls move or get knocked askew? No answer/No pictures

Did any furniture or appliances slide, tip over, or become displaced?

No answer/No furniture

Was a heavy appliance (refrigerator or range) affected?

No answer/No heavy appliance

Were free-standing walls or fences damaged? No answer/No walls

If you were inside, was there any damage to the building? Check all that apply.

- No damage
- Hairline cracks in walls
- A few large cracks in walls
- Many large cracks in walls
- Ceiling tiles or lighting fixtures fell
- Cracks in chimney
- One or several cracked windows
- Many windows cracked or some broken out
- Masonry fell from block or brick wall(s)
- Old chimney, major damage or fell down
- Modern chimney, major damage or fell down

- Outside wall(s) tilted over or collapsed completely
- Separation of porch, balcony, or other addition from building
- Building permanently shifted over foundation

If you know the type of building (wood, brick, etc.) and/or your location (which story, basement, penthouse, etc.) please indicate here:

Additional Comments:

You may use the next box to clarify answers or to make observations that are not accommodated by other questions. You may also use the following box to give first-person descriptions of how the earthquake affected you. USGS scientists may use some of the information that you enter in qualitative descriptions of shaking or damage in USGS publications. You would be identified as "an observer" and your location would be given in general terms. Parts of some first-person accounts may be reproduced as quotations in USGS publications.

To submit your completed form, press this button:

Click here to clear the entire form and start over:

Thank you for completing this form. Please report any problems or corrections via the [comment form](#). Information on this page last reviewed Feb. 11, 2003.
[General Disclaimer](#).

Paperwork Reduction Act Statement

This information is being collected to supplement instrumental data, and to promote public safety through a better understanding of earthquakes. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. A Federal agency may not conduct or sponsor a collection of information unless it displays a valid OMB control number. Public reporting burden for this form is estimated to average 6 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Comments regarding this collection of information should be directed to: Bureau Clearance Officer, U.S. Geological Survey, 807 National Center, Reston, VA, 20192

U.S. Department of the Interior, U.S. Geological Survey
Community Internet Intensity Maps <<http://pasadena.wr.usgs.gov/shake>>
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