On large browser windows the form pops up over the webpage and grays out the background. The rest of the form appearance and behavior is the same as for the small-format version (mobile).

Science for a changing world	and have free the second secon		
Earthquake Hazards Program	Felt Report	OMB No. 1028-0048 Expires 05/31/2015	
General		I	
Summary	Your location when the earthquake occurred		
Interactive Map	Choose Location		
Google Earth KML	Did you feel it? Ves		
Impact	○ No		
Summary	The remainder of this form is optional.		
Did You Feel It?	Help make a shaking intensity map by telling us about the shaking a	at your location.	
Tell Us!	What was your situation during the earthquake?		
Shakemap	Not specified		
PAGER	Inside a building Outeide a building		
Scientific	 In a stopped vehicle 		1
Summary	In a moving vehicle		
Origin	Other		
Moment Tensor	Submit Cancel		
Waveforms			

If the user is reporting an "Unknown Event" (not posted on the website), the "Time of Earthquake" element is shown.

Felt Report DMB No. 1028-0048 Expires 05/31/2015 Unkin Your location when the earthquake occurred Choose Location Choose Location Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago Contribu Did you feel it? Addition Yes No Iteration or The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle			
Contribut Contribut A dialog st Contribut Contribut Did you A dialog st Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago Did you feel it? Addition Yes No The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle			
Peit RepOrt Expires 05/31/2015 Unkn Your location when the earthquake occurred Oid you Choose Location Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago Ontribu Did you feel it? Addition Yes About No The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle		OMB No. 1028-0048	1
Vour location when the earthquake occurred Oid you a dialog sh Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago Did you feel it? Addition Yes No The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle		Expires 05/31/2015	. 18
Choose Location Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago Contribit Did you feel it? Addition Yes No Teernainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle Submit	Jnkn	Your location when the earthquake occurred	
dialog sh Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago Did you feel it? Oddition Yes No The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle	Did yo	Choose Location	
Contribu Did you feel it? Addition Yes No The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle	dialog sh	Time of Earthquake Local time 1/31/2008 9:00 AM, or Relative time 5 minutes ago	
Contribu Did you feel it? Addition Yes No The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle Submit Cancel	_		
Addition • About • About • Techni • Techni • The remainder of this form is optional. • Help make a shaking intensity map by telling us about the shaking at your location. • What was your situation during the earthquake? • Not specified • Inside a building • Outside a building • In a stopped vehicle Submit Cancel	Contrib	Did you feel it?	
 About No Techn The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle Submit Cancel 	Addition	⊖ Yes	
 Techn The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle Submit Cancel 	<u>About</u>	○ No	
Help make a shaking intensity map by telling us about the shaking at your location. What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle Submit	• <u>Techn</u>	The remainder of this form is optional.	
What was your situation during the earthquake? Not specified Inside a building Outside a building In a stopped vehicle Submit Cancel	uestions or	Help make a shaking intensity map by telling us about the shaking at your location.	F 1
 Not specified Inside a building Outside a building In a stopped vehicle 		What was your situation during the earthquake?	
 Inside a building Outside a building In a stopped vehicle Submit Cancel 		Not specified	
 Outside a building In a stopped vehicle Submit Cancel 		Inside a building	
In a stopped vehicle Submit Cancel		Outside a building	
Submit Cancel		In a stopped vehicle	
Submit Gancel			
		Submit Cancel	

Clicking on the "Choose Location Button", displays the following.





	Felt Report OMB No. 1028- Expires 05/31/2	-0048	
/16.4	Your location when the earthquake occurred	-1	
V DYFI?	Change Location		
)id you	40.7°N, 121.6°W		
dialog sh	Did you feel it?		
	⊖ Yes		
Contribu	○ No		
1. Lamon 2. <u>USGS</u>	The remainder of this form is optional. Help make a shaking intensity map by telling us about the shaking at your location	n.	
ddition	What was your situation during the earthquake?		
About Techni	Not specified		
	Inside a building		
uestions or	Outside a building		Facel
	 In a stopped vehicle 		
ł	In a moving vehicle		
	Submit Cancel		

The following screenshots were taken for each part of the form in view as the user scrolls down the form.

	and the second		
ds Program			
We	re you asleep?		
) Not specified		
	No	1	
	Slept through it	U	
(Woke up	IJ	
ML Dic	others nearby feel it?		
C) Not specified		
	No others felt it		
	Some felt it, most did not		
	Most felt it		
C	Everyone/almost everyone felt it		
Но	w would you describe the shaking?		
	Not specified		
	Not felt		
	Weak		Twi
	Mild		
	Moderate		
S	ubmit Cancel		

Program	0	Strong	
	0	Violent	
	How	v did you react?	
	0	Not specified	
	0	No reaction/not felt	
	0	Very little reaction	
	0	Excitement	
	0	Somewhat frightened	•
	0	Very frightened	
	0	Extremely frightened	
	How	v did you respond?	
	0	Not specified	
	0	Took no action	
	0	Moved to doorway	
	0	Dropped and covered	
	0	Ran outside	
	0	Other	
	Sul	bmit Cancel	

gram			
	Was it difficult to stand and/or walk?		
	Not specified		
	○ No		
	⊖ Yes		
	Did you notice any swinging of doors or other free-hanging objects?		
	Not specified		
	○ No		
	 Yes, slight swinging 		
	 Yes, violent swinging 		
	Did you hear creaking or other noises?		
	Not specified		
	 Yes, slight noise 		
	 Yes, loud noise 		
	Did objects rattle, topple over, or fall off shelves?		
	Not specified		Tv 🖸
	○ No		
	B-11-1-1-1-1-1	-	
	Submit Cancel		

ram	0	Rattled slightly		
	0	Rattled loudly		
	0	A few toppled or fell off		
	0	Many fell off		
	0	Nearly everything fell off		
	Did	pictures on walls move or get knocked askew?		
	0	Not specified		
	0	No		
	0	Yes, but did not fall		
	0	Yes, and some fell		
	Did	any furniture or appliances slide, topple over, or become displaced?		
	0	Not specified	Ш	
	0	No		
	0	Yes		
	Was	a heavy appliance (refrigerator or range) affected?		
	0	Not specified		
	0	No		
	Sul	bmit Cancel		

ogram	Yes, some contents fell out	
(Yes, shifted by inches	
(Yes, shifted by a foot or more	
	Yes, overturned	
w	ere free-standing walls or fences damaged?	
	Not specified	
() No	
(Yes, some were cracked	
	Yes, some partially fell	
(Yes, some fell completely	
w	as there any damage to the building?	
(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	
	Submit Cancel	

am	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 		
	Additional Comments		
	6		
	Contact Information (optional)		
	Name		
	Email	Ш	
		-	
	Submit Cancel		

USGS for a changing world		
quake Hazards Program	Old chimney, major damage or fell down	
neral	 Modern chimney, major damage or fell down Outside wall(s) tilted over or collapsed completely. 	
ummary	Separation of porch, balcony, or other addition from building	
teractive Map	 Building permanently shifted over foundation 	
oogle Earth KML	Additional Comments	
- 		
act	la l	
ummary		
id You Feel It?	Contact Information (optional)	
ell Us!	Name	
nakemap	Email	
AGER		
entific	Phone	Twitter Soogle
ummary	PRA - Privacy Statement	
rigin		
oment Tensor	Submit Cancel	
aveforms		
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If a user clicks on the PRA-Privacy Statement link, this is what they see.

PRA - Privacy Statement

Privacy Act Statement You are not required to provide your personal contact information
 g sh in order to submit your survey. However, if you do not provide contact information, we may be unable to contact you for additional information to verify your responses. If you do provide contact information, this information will only be used to initiate follow-up communications with you. The records for this collection will be maintained in the appropriate Privacy Act System of Records identified as Earthquake Hazards Program Earthquake Information. (INTERIOR/USGS-2) published at 74 FR 34033 (July 14,2009).

Paperwork Reduction Act Statement The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires us to inform you that this information is being collected to supplement instrumental data and to promote public safety through better understanding of earthquakes. Response to this request is voluntary. Public reporting for this form is estimated to average 6 minutes per response, including the time for reviewing instructions and completing the form. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Comments regarding this collection of information should be directed to: Bureau Clearance officer, U.S. Geological Survey, 807 National Center, Reston, VA 20192.

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The small-format for mobile devices uses the entire browser window.

≊USGS	Menu					
Felt Report	OMB No. 1028-0048 Expires 05/31/2015					
Your location when t	he earthquake occurred					
Choose Location						
Did you feel it?						
O Yes						
No						
The remainder of	this form is optional.					
Help make a shakir us about the shakir	ng intensity map by telling ng at your location.					
What was your situ earthquake?	ation during the					
Not specified						
Inside a buildir	ng					
 Outside a build 	 Outside a building 					
In a stopped vehicle						
Submit	el					

Clicking on the "Choose Location Button", displays the following.







	ISGS				Menu		
How	did yo	u react?					
\bigcirc	Not sp	ecified					
\bigcirc	No rea	action/not fe	lt				
\bigcirc	Very li	ttle reaction					
\bigcirc	Excite	ment					
\bigcirc	Some	what frighter	ned				
\bigcirc	Very fr	ightened					
\bigcirc	Extren	nely frighten	ed				
How	did yo	u respond?					
\bigcirc	Not sp	ecified					
\bigcirc	Took r	no action					
\bigcirc	Moved	d to doorway	/				
\bigcirc	Dropp	ed and cove	ered				
\bigcirc	Ran o	utside					
\bigcirc	Other						
	Please describe						
Was it difficult to stand and/or walk?							
Su	bmit	Cancel					

	JSGS	Menu		
Was	it difficult to stand and/or walk?			
\bigcirc	Not specified			
\bigcirc	No			
\bigcirc	Yes			
Did you notice any swinging of doors or other free-hanging objects?				
\bigcirc	Not specified			
\bigcirc	No			
\bigcirc	Yes, slight swinging			
\bigcirc	Yes, violent swinging			
Did you hear creaking or other noises?				
\bigcirc	Not specified			
\bigcirc	Yes, slight noise			
\bigcirc	Yes, loud noise			
Did objects rattle, topple over, or fall off shelves?				
	No			
Su	ubmit Cancel			

≈U	ISGS Menu				
Did objects rattle, topple over, or fall off shelves?					
\bigcirc	Not specified				
\bigcirc	No				
\bigcirc	Rattled slightly				
\bigcirc	Rattled loudly				
\bigcirc	A few toppled or fell off				
\bigcirc	Many fell off				
\bigcirc	Nearly everything fell off				
Did pictures on walls move or get knocked askew?					
\bigcirc	Not specified				
\bigcirc	No				
\bigcirc	Yes, but did not fall				
\bigcirc	Yes, and some fell				
Did any furniture or appliances slide, topple over, or become displaced?					
Su	Ibmit Cancel				

×U	ISGS	Menu		
Did any furniture or appliances slide, topple over, or become displaced?				
\bigcirc	Not specified			
\bigcirc	No			
\bigcirc	Yes			
Was rang	a heavy appliance (refrigerator or e) affected?			
\bigcirc	Not specified			
\bigcirc	No			
\bigcirc	Yes, some contents fell out			
\bigcirc	Yes, shifted by inches			
\bigcirc	Yes, shifted by a foot or more			
\bigcirc	Yes, overturned			
Were free-standing walls or fences damaged?				
\bigcirc	Not specified			
\bigcirc	No			
\bigcirc	Yes, some were cracked			
Su	bmit Cancel			

≈USGS

Menu

Were free-standing walls or fences damaged?

- Not specified \bigcirc
- No ()
- Yes, some were cracked
- Yes, some partially fell
- Yes, some fell completely

Was there any damage to the building?

- 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)

Submit

Cancel

≊USGS	Menu
Completely	seu
 Separation of porch, balcony, or ot addition from building 	her
 Building permanently shifted over foundation 	
Additional Comments	
Contact Information (optional) Name	
Email	
Phone	
PRA - Privacy Statement	
Submit Cancel	

When the user Submits the form, this is the display they see.

M2.1 - 8km NW of Corona, California

Did you feel it? Tell Us!

Questionnaire complete

Thank you for your contribution. Your information will be processed shortly.

Event ID

Did you feel it? Tell Us!

ci37316104

Estimated intensity

Event time 1423850168

Form version 1.3