

## Felt Report - Tell Us!

### Your location when the earthquake occurred

Choose Location

### Did you feel it?

- 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
- In a moving vehicle
- Other

Please describe

### Were you asleep?

- Not specified
- No
- Slept through it
- Woke up

## Specify a Location



Attempt to automatically locate my **current location**.



Search for a location using an **address**.

**X,y**

Enter **coordinates**, latitude and longitude.



Drop **pin** on the map to specify a location.

!

No Location Selected

**Did others nearby feel it?**

- Not specified
- No others felt it
- Some felt it, most did not
- Most felt it
- Everyone/almost everyone felt it

**How would you describe the shaking?**

- Not specified
- Not felt
- Weak
- Mild
- Moderate
- Strong
- Violent

**How did you react?**

- Not specified
- No reaction/not felt
- Very little reaction
- Excitement
- Somewhat frightened
- Very frightened
- Extremely frightened

**How did you respond?**

- Not specified
- Took no action
- Moved to doorway
- Dropped and covered
- Ran outside
- Other

Please describe

**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
- No
- Rattled slightly
- Rattled loudly
- A few toppled or fell off
- Many fell off
- Nearly everything fell off

**Did pictures on walls move or get knocked askew?**

- Not specified
- No
- Yes, but did not fall
- Yes, and some fell

**Did any furniture or appliances slide, topple over, or become displaced?**

- Not specified
- No
- Yes

**Was a heavy appliance (refrigerator or range) affected?**

- Not specified
- No
- Yes, some contents fell out
- Yes, shifted by inches
- Yes, shifted by a foot or more
- Yes, overturned

**Were free-standing walls or fences damaged?**

- Not specified
- 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)
- 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**

**Contact Information (optional)**

[PRA - Privacy Statement](#)

Name

Email

Phone

Submit

Cancel

## PRA – Privacy Statement

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This form is subject to the Privacy Act of 1974.

### **Authority**

The National Earthquake Hazards Reduction Program (NEHRP), 42 USC 7701.

### **Principal Purpose**

The Earthquake Hazards Program provides rapid, authoritative information on earthquakes and their impact to emergency responders, governments, facilities managers and researchers across the country.

### **Routine Use**

Used to allow users to report shaking intensity of earthquake events, to allow users to receive notifications of earthquake events, and to allow users to volunteer to have seismic instrumentation installed on their property.

### **Disclosure is Voluntary**

If the individual does not furnish the information requested, there will be no adverse consequences. However, if you do not provide contact information we may be unable to contact you for additional information to verify your responses.

### **Privacy Act Statement**

You are not required to provide your personal contact information 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, [gs-info\\_collections@usgs.gov](mailto:gs-info_collections@usgs.gov).

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OK