

① 4/18/01

Bureau of Statistics and Plans (Government of Guam)
Western Pacific Regional Fishery Management Council (WPRFMC)

FISHERIES SECTOR
DISASTER DAMAGE RAPID ASSESSMENT

1. Map Code: _____

2. Village: Dededo

U.S. 3. Contact Person and Contact Number:
Brian K. Abe
(H) 637-4528 / (W) 687-7500

4. Name of Business :(If Applicable)

5. Street Address (If operating a boat, indicate name of Boat Basin):
188 Dona Ln.
Dededo, Guam 96912

6. Mailing Address:
P.O. BOX 25956
GMF, GUAM 96921

7. Major Activity:
 (1) Agriculture, Forestry, and Fishing

8. Type of Major Fishing Activity: (See Back for Definitions)

(A) Subsistence Fishing
 Personal Consumption
 Sell to Markets

(B) Commercial Fishing
 Charter
 Non-charter

(C) Recreational (no-sale)

(D) Shore-side support industries
 Retail
 Wholesale
 Tackle/gear
 Other

(E) Fish Farms
 Personal Consumption
 Sell to Markets

9. Primary gear used:
 (A) Trolling
 (B) Bottomfish/Handline
 (C) Boat based nearshore reef fish
(lines, nets, traps, spear)
 (D) Shore based nearshore reef fish
(lines, nets, traps, spear)

Building/Structure Damages? (Cost to repair) _____

13. Are there Damages to Merchandise?
 Yes
 No (Proceed to Question 15.)

14. What is the Estimated Value of Merchandise Damages? _____

15. Do you own a Boat(s)? 16'
 Yes, If so provide boat name and size:
GU-3943/200149 (optional)
 No (Skip to Question 18.)
Trailerred

16. Are there Damages to your Boat(s)?
 Yes
 No (Proceed to Question 14.)

17. What is the Estimated Value of Boat Damages? (Cost to repair)

18. Are there Damages to Equipment not included above?
 Yes
 No (Proceed to Question 20.)

19. What is the Estimated Value of Equipment Damages? _____

20. Estimated revenue loss since Dec 8, 2002 (excluding all other losses reported)?

21. Who is the Source of Information?
 Owner/Manager
 Employee
 Survey Worker (No one Present)
 Other: _____
(Please Specify)

Comments: _____

Interviewer: _____
Department: _____
Team Number: _____
Date: _____