

Damage Assessment Field Form

SITE ID# County Vehicle ID-Team Lead Initial-IA site # (ex. 1A-CM-IA001)

TEAM LEAD NAME

E-MAIL

PHONE #

DAMAGE DESCRIPTION

Use this section for Homes

First Name

Last Name

Home Phone

Cell Phone

Residence Address, City and Zip code

Renter Primary Residence Renters Ins EQ Ins Deductible
 Owner Vacation Home/Other Ins Flood Ins \$

Is the home habitable? Yes No # of people living in home

Use this section to Report Farm & Business losses

Name of Business

Owner or Point of Contact

First Name

Last Name

Phone

Cell Phone

Point of Contacts Mailing Address: Include city, state, zip code

Is the Business open? Yes No Number of Days Closed
 Insurance Structure Content EQ Flood \$ Deductible

Pre-Disaster Value \$ Structure \$ Contents \$

Select one Inaccessible Affected Minor Major Destroyed

Description of the Cause and Damage

Impact to the Jurisdiction

Inspector Comments