Damage Assessment Field Form

SITE ID# ____________________________ County Vehicle ID-Team Lead Initial-Jsite # (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