



# Damage Assessment Form



Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

USNG: \_\_\_\_\_ High Water Line: \_\_\_\_\_ (inches)

**Damage Type:**

- Affected
- Minor
- Major
- Destroyed
- Unknown

**Structure Type:**

- SF: Single Family
- MF: Multi-Family
- MH: Mobile Home
- Biz: Business
- Unknown

**Inaccessible:**

- Yes
- No

**Insured:**

- Yes
- No

**Ownership:**

- Owner
- Renter
- Secondary

**Picture Name:**

_____	_____
_____	_____
_____	_____

Team Name: \_\_\_\_\_

**Notes:**

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