Reporting Jurisdiction:

Event Name and Timeline

Invidual Assistance Initial Damage Assessment Collection Form

***CONFIDENTIAL**

Do not count second or vacation homes unless they are rentals and do not count outbuildings.

Building Type	
PS = Primary Single Family	RS = Rental Single Family
PM = Primary Mobile Home	RMH = Rental Mobile Home
PMF = Primary Multi Family Dwelling	RMF = Rental Multifamily Dwelling
SMH = Secondary, Mobile Home	RB = Rental Business
SMH = Secondary, Mobile Home	

Damage Category
A = Affected - Habitable, **MN** = Minor, **MJ** = Major, **D** = Destroyed, **I** = Inaccessible

Insurance Policy Type
G = General, **F** = Flood, **E**=Earthquake or **N** = None

No.	Date Reported	Reporting Individual - Owner Or Renter	Name	Address of Property	Zip	Phone Contact	Email Contact	Building Type	Insurance Policy Type	Est. Damage Cost $$	Damage Cat-egory	Basement Damage	Comments
1										$ -			
2										$ -			
3										$ -			
4										$ -			
5										$ -			
6										$ -			
7										$ -			
8										$ -			
9										$ -			
10										$ -			
11										$ -			
12										$ -			
13										$ -			
14										$ -			
15										$ -			
16										$ -			
17										$ -			
18										$ -			
19										$ -			

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20										$ -			
21										$ -			
22										$ -			
23										$ -			
24										$ -			
25										$ -			
26										$ -			
27										$ -			
28										$ -			
29										$ -			
30										$ -			
31										$ -			
32										$ -			
33										$ -			
34										$ -			
35										$ -			
36										$ -			
37										$ -			
38										$ -			

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No.	Date Reported	Reporting Individual - Owner Or Renter	Name	Address of Property	Zip	Phone Contact	Email Contact	Building Type	Insurance Policy Type	Est. Damage Cost $$	Damage Cat-egory	Basement Damage	Comments
39										$ -			
40										$ -			
41										$ -			
42										$ -			
43										$ -			
44										$ -			
45										$ -			
46										$ -			
47										$ -			
48										$ -			
49										$ -			
50										$ -			
51										$ -			
52										$ -			
53										$ -			
54										$ -			
55										$ -			
56										$ -			
57										$ -			

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No.	Date Reported	Reporting Individual - Owner Or Renter	Name	Address of Property	Zip	Phone Contact	Email Contact	Building Type	Insurance Policy Type	Est. Damage Cost $$	Damage Cat-egory	Basement Damage	Comments
58										$ -			
59										$ -			
60										$ -			
61										$ -			
62										$ -			
63										$ -			
64										$ -			
65										$ -			
66										$ -			
67										$ -			
68										$ -			
69										$ -			
70										$ -			
71										$ -			
72										$ -			