

CoCoRaHS HAIL REPORT

www.cocorahs.org

Station Number: _____

Station Name: _____

Name: _____ Phone: _____

Home Address: _____

Location of Hail (if different from Home): _____

Date of Storm: _____ Time Hail Began: _____ am / pm Hail Lasted: _____ minutes

Your time of hail beginning is correct within: 1 min. 2 min. 3-5 min. 10 or more minutes

Check All That Apply:

Stone Size (inches)	Rice 1/8"	Pea 1/4"	3/8"	1/2"	Grape 5/8"	Penny 3/4"	7/8"	Quarter 1"	Half Dollar 1 1/4"	PingPong 1 1/2"	Golfball 1 3/4"	HenEgg 2"	Tennis 2 1/2"	Teacup 3"	Grapefruit 4"	Softball 4 1/2"	Other (give diameter)	
Largest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Smallest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Most Common	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Hailfall was:	<input type="checkbox"/> continuous		<input type="checkbox"/> intermittent		→		Was there more rain than hail? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Hailstones were:	<input type="checkbox"/> hard		<input type="checkbox"/> soft		→		Color of Hail was: <input type="checkbox"/> white ice <input type="checkbox"/> clear ice											
Hail started:	<input type="checkbox"/> before rain		<input type="checkbox"/> after rain		→		Was Hail Preserved? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Largest hail started:	<input type="checkbox"/> before smaller hail		<input type="checkbox"/> after smaller hail		→		Was Hail Preserved? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Damage:	<input type="checkbox"/> none		<input type="checkbox"/> minor leaf damage		<input type="checkbox"/> dents in cars		<input type="checkbox"/> broken house windows		<input type="checkbox"/> crop damage		<input type="checkbox"/> shredded leaves		<input type="checkbox"/> damaged roofs/shingles		<input type="checkbox"/> broken car windows		<input type="checkbox"/> (other)_____	
Hail Pad Information:	Average distance between hailstones _____ inches								OR depth of hail on ground _____ inches									
Hail Pad Information:	OR Number of indentations on your hailpad _____																	
Remarks:	_____																	
Remarks:	_____																	

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Smallest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Most Common	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	
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