

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. [O#, A#, E# or C#]	2. ID NO. (FORM of-288, Emerg. Firefighter Time Report) Not Applicable
		3. ISSUED TO (Name and Address) (Individual Name [point of contact], Home Unit & Address, email and telephone numbers – fax, cell, work, etc.)	
4. ISSUING OFFICE OR CAMP			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No. if applicable) If request is for such items as parts of an equipment or vehicle, include approximate year of age of equipment.)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: (Be specific – date, place, division on fire; be descriptive of damage, loss, how did it occur, etc.)			
10. SIGNATURE		11. DATE	
12. Witness report: (Be specific –date, place, division on fire. Be descriptive of damage, loss, how did it occur, what did you see, etc.)			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage: <div style="text-align: center; background-color: #cccccc; padding: 5px;">See GREAT BASIN ATTACHMENT TO OF-289. Do not fill out this block.</div>			
16. SIGNATURE	17. TITLE	18. DATE	

GREAT BASIN ATTACHMENT TO OF-289

Claim # _____ **Claimant Name:** _____ **Claimant RO#** _____

Incident Supervisor Name and Incident Position: _____

Comments (provide complete and legible knowledge of damage/destruction and how it was caused by the incident):

Signature & Date: _____

Do Not Recommend Recommend

Email & Phone #: _____

Subject Matter Expert Name: _____

Ground Support Communications Computer Specialist Other: _____

Comments (provide justification in support of decision):

Signature & Date: _____

Do Not Recommend Recommend

Email & Phone #: _____

Return form to: _____ **(FSC or COMP)**

Finance – Review package for documentation and completeness. Forward package to approver.

Incident Agency Representative Name and Position: _____

(IBA/Fire Admin Representative, etc. *Note: This final approval may be delegated to the IMT IC or FSC*)

Decision:

Not Approved Approved

Approved with the following contingencies:

Signature & Date: _____

Contact Phone: _____ Email: _____

Supply Unit:

Sent to Dispatch (Date): _____ Resource Order Assigned: **S**-_____