Claim Document For Damaged or Loss Equipment

Send the <u>COMPLETED</u> documents to: Email fire finance email or if questions call COMP Unit Leader – See IAP for email and COMP phone number

- 1. OF-289 Property Loss or Damage Report "Do NOT use this form for Contracted Equipment". Show/tell in detail how the fire/incident caused the damage/loss.
- 2. Pictures/Photos of the damaged equipment.
- **3.** Repair or replacement order(s).
- **4.** Estimated cost to repair or replace damaged equipment (invoice)
- 5. Resource order and manifest.
- **6.** EERA or Agreement.
- **7.** Any additional information dealing with claim (General Message, Hand written notes, letters, etc)
- 8. Pre & Post Inspection
- 9. Date the equipment was purchased and any warranty.

Email OF-289 with all the attachments once each section on 1st page and 2nd page through subject matter expert have been completed.

PLEASE DON'T' WAIT UNTIL DEMOB TO TURN IN YOUR CLAIM

		1. Crew Name or No. (O#, A#, E# or C#)	2. ID NO (Form OF-289)	
			NOT APPLICABLE	
PROPERTY LOSS OR DAMAGE REPORT		3. ISSUED TO		
Fire Suppression		(List: Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers – Fax, Cell, Work, etc.)		
File Supplession			, , , , , , , , , , , , , , , , , , , ,	
4. ISSUING OFFICE OR CAMP NAME (Name of Incident Agency and the Incident Number)				
(Name of moldent Agency and the molder	it ivalliber)			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X")		
	(Fire Account Code)	Regular Govt Casual Firefighter	AD Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED QUANTITY				
(Include Property/Serial No. if applicable.	Include approximate ye	ear of or age of equipment.)	Q07	
a.				
h				
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 THE FIRE CAUSE THE DAMAGE, etc.)				
(Be specific – date, place, division on fire; be descriptive of damage, loss, <u>HOW DID THE FIRE CAUSE THE DAMAGE</u> , etc.)				
10. SIGNATURE			11. DATE	
12. Witness report:				
(Be specific –date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE what did you see, etc.)				
13. SIGNATURE			14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:				
Do not complete this section, see next page.				
Do not complete ting section, see next page.				
40 0101471175			40 BATE	
16. SIGNATURE		17. TITLE	18. DATE	

Requestor Name: Resource Order#:			
Incident Supervisor Name and Incident Position:			
Comments (provide complete and legible knowledge of damage/destruction and how it was caused by the incident):			
O'markers O Date:			
Signature & Date: Do Not Recommend Recommended Email & Phone #:			
Po Not recommend			
Subject Matter Expert Name:			
Supply Ground Support Communications Computer Specialist Other:			
Comments (provide justification in support of decision):			
Circustum 9 Dates			
Signature & Date: Do Not Recommend Recommended Email & Phone #:			
Do Not Recommend			
Incident Agency Representative Name and Position:			
(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)			
Decision:			
Do Not Approve Approved			
Approved with the following contingencies:			
Comments:			
Signature & Date:			
Contact Phone & Email:			
Supply Unit:			
Sent to dispatch on: (Date) Resource Order(s) Assigned: S			