

PROPERTY LOSS OR DAMAGE REPORT FIRE SUPPRESSION OF-289		CREW NAME OR ENGINE #	RESOURCE ORDER # (O, E or C)	
FIRE NAME:		INCIDENT FINANCIAL CODE:	TYPE OF EMPLOYEE: (Mark One with "X") <input type="checkbox"/> Regular Gov't <input type="checkbox"/> Casual AD Firefighter <input type="checkbox"/> Other	
NAME OF EMPLOYEE OR POINT OF CONTACT		CHECK ONE: <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> FWS <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> OTHER HOME UNIT FULL NAME AND ADDRESS		
CELL NUMBER WHERE YOU CAN BE REACHED:		Home Unit Name		
HOME UNIT PHONE NUMBER:		Address 1		
		Address 2		
EMAIL ADDRESS:		City, ST		
		Zip Code		
DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property Number, if Applicable)			YEAR BOUGHT	QUANTITY
EMPLOYEE REPORT HOW LOSS OR DAMAGE TO PROPERTY OCCURRED: (To back up your report include inventory and/or resource order, photos, documentation that backs up your cost estimate, police reports and/or general messages, as applicable to support what you are stating. Be specific regarding how the damage occurred, where it occurred, who was notified and when. This report must reflect HOW it occurred, not just the "end result").				
SIGNATURE:		PRINT NAME:		DATE:
WITNESS REPORT: (if no witnesses, leave blank)				
SIGNATURE:		PRINT NAME:		DATE:

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

Incident Supervisor Name and Incident Position: _____
COMMENTS: _____
Signature & Date: _____ Email & _____
Do Not Recommend Recommend Phone #: _____

Subject Matter Expert Name: _____
Ground Support Communications Computer Specialist Other: _____
COMMENTS: _____
Signature & Date: _____
Do Not Recommend Recommend Email & Phone #: _____

Finance Section Chief Name: _____
COMMENTS: _____
Signature & Date: _____
Do Not Recommend Recommend Email & Phone #: _____

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: _____
COMMENTS: _____
Name and Title: _____ Signature & Date: _____
Contact Phone: _____ Email: _____

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