

<b>PROPERTY LOSS OR DAMAGE REPORT FIRE SUPPRESSION OF-289</b>		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		
<b>HOME UNIT FULL NAME AND ADDRESS</b>				
CELL NUMBER WHERE YOU CAN BE REACHED:	Home Unit Name			
HOME UNIT PHONE NUMBER:	Address 1			
EMAIL ADDRESS:	Address 2			
	City, ST			
	Zip Code			
<b>DESCRIPTION OF PROPERTY LOST OR DAMAGED</b> (Include Property Number, if Applicable)		YEAR BOUGHT	QUANTITY	ESTIMATED COST TO REPAIR/REPLACE
<b>EMPLOYEE REPORT HOW LOSS OR DAMAGE TO PROPERTY OCCURRED:</b> (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:
<b>WITNESS REPORT:</b> (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**- \_\_\_\_\_