

<b>PROPERTY LOSS OR DAMAGE OF ITEM(S) ON INCIDENT</b>		CREW NAME OR ENGINE #	RESOURCE ORDER # (O, E OR C #)
NAME OF EMPLOYEE OR CREW 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, CITY, STATE & ZIP: _____ _____ _____	
A CELL # WHERE WE CAN REACH YOU ON THE INCIDENT: (      )			
HOME UNIT PHONE NUMBER: (      )			
EMAIL:			
FIRE NAME:	FIRE #:	JOB CODE:	TYPE OF EMPLOYEE: <input type="checkbox"/> FED <input type="checkbox"/> AD <input type="checkbox"/> STATE <input type="checkbox"/> OTHER
DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property #, if applicable)		DATE OF LOSS OR DAMAGE:	TIME:
		QUANTITY	ESTIMATED COST TO REPAIR/REPLACE
a.			
b.			
c.			
1. EMPLOYEE REPORT ON CIRCUMSTANCES OF LOSS OR DAMAGE TO PROPERTY LISTED: ( <b>Attach your inventory and/or resource order, photos</b> or any additional pages as necessary such as estimates for repair/replacement or 213's). Be specific regarding how the damage occurred, where it occurred, and if you notified higher ups, who and when. <u>Don't just list the end result, state how it happened.</u>			
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
SIGNATURE	TITLE ON INCIDENT	DATE	
PRINT NAME	PHONE	AGENCY/HOME UNIT	
2. WITNESS REPORT (if no witnesses, leave blank):			
_____ _____ _____ _____ _____ _____			
SIGNATURE	TITLE ON INCIDENT	DATE	
PRINT NAME	PHONE	AGENCY/HOME UNIT	

3. SUPERVISOR ON INCIDENT STATEMENT: (State what you know about the loss, the working conditions of the area, and when you were made aware of the incident.) If working in Operations – DIV Supervisor signature is appropriate.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE	TITLE ON INCIDENT	DATE
PRINT NAME	PHONE	AGENCY/HOME UNIT

4. SUBJECT MATTER EXPERT: GSUL, SPUL OR COML COMMENTS REGARDING LOSS OR DAMAGE OR AVAILABILITY OF PARTS, ESTIMATED CACHE VALUE OF SIMILAR ITEM, ESTIMATED COST TO REPAIR.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE	TITLE ON INCIDENT	DATE
PRINT NAME	PHONE	AGENCY/HOME UNIT

5. APPROVAL OR DENIAL OF REQUEST FOR REPAIR OR REPLACEMENT (DETERMINED BY LOCAL HOME UNIT, FSC OR IBA):

APPROVED     APPROVED WITH CONTINGENCIES (see below)    NTE \$ \_\_\_\_\_    OR  
 DENIED    REASON FOR DENIAL:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE	TITLE ON INCIDENT	DATE
PRINT NAME	PHONE	AGENCY/HOME UNIT

6.SUPPLY UNIT LEADER:

S#: \_\_\_\_\_ NTE \$ \_\_\_\_\_  
 S#: \_\_\_\_\_ NTE \$ \_\_\_\_\_  
 S#: \_\_\_\_\_ NTE \$ \_\_\_\_\_  
 S#: \_\_\_\_\_ NTE \$ \_\_\_\_\_

Sent to Dispatch (Date)  
 \_\_\_\_\_

7. NOTIFICATIONS (IF APPLICABLE):

SAFETY	OPERATIONS	OES
DATE	DATE	DATE