| | | 1. Crew Name or No. (O#, A#, E# or C#) | 2. ID NO (Form OF-289) | | |
|--|---|---|------------------------|--|--|
| | | | NOT APPLICABLE | | |
| PROPERTY LOSS OR DAMAG | GE REPORT | 3. ISSUED TO | ma Hama Unit Address | | |
| Fire Suppression | | (List: Individual Name, Home Unit Na Email and Telephone Numbers – Fax | | | |
| File Suppression | | Zinan and Tolophone Ivamboro Tax | , con, rronn, c.c., | | |
| | | | | | |
| 4. ISSUING OFFICE OR CAMP NAME | | | | | |
| (Name of Incident Agency and the Incident Number) | | | | | |
| 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 OF | DAMACED | | OLIANITITY | | |
| (Include Property/Serial No. if applicable | | vear of or age of equipment.) | QUANTITY | | |
| | | | | | |
| a. | | | | | |
| b. | | | | | |
| | | | | | |
| Employee report on circumstances of loss or damaged to property listed: | | | | | |
| (Be specific – date, place, division on fire | : be descriptive of dam | age, loss, <u>HOW DID THE FIRE CAUSE THE</u> . | DAMAGE, etc.) | | |
| | <u>'</u> | <u> </u> | | | |
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| 10. SIGNATURE | | | 11. DATE | | |
| | | | | | |
| 40 Witness reports | | | | | |
| 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.) | | | | | |
| (be specific dute, place, division on me, be descriptive of damage, 1888, <u>How bib the trice shoce the balance</u> what did you see, etc.) | | | | | |
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| 13. SIGNATURE | | | 14. DATE | | |
| | | | | | |
| 15. Fire Boss or Property Control Officer comments regarding loss or damage: | | | | | |
| 15 Fire Rose or Property Control Officer con | 15. The 2003 of Frequency Control Childer Continients regarding 1000 of damage. | | | | |
| 15. Fire Boss or Property Control Officer con | | | | | |
| | 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - | (! | | | |
| | t complete th | is section, see next page | | | |
| | t complete th | is section, see next page | ı | | |
| | t complete th | is section, see next page | 18. DATE | | |
| Do no | t complete th | | | | |

| Requestor Name: | Resource Order#: |
|---|--------------------------------------|
| Incident Supervisor: | |
| Comments: | |
| | |
| | Name and Position: |
| | Contact Phone and Email: |
| Do Not Recommend Recommended | Signature & Date: |
| Subject Matter Expert: | |
| Supply Ground Support Communication | ons Computer Specialist Other: |
| Comments: | |
| | |
| | |
| | |
| | Name and Position: |
| | Contact Phone and Email: |
| Do Not Recommend Recommended | Signature & Date: |
| Incident Agency Representative: (Agency Administrator, IBA, Finance Section Chief, A | Admin Representative, etc.) |
| Decision: | |
| Do Not Approve Approved | |
| Approved with the following contingencies: | |
| Comments: | |
| | |
| Name and Title: | Signature & Date: |
| Contact Phone: | |
| Supply Unit: | |
| Sent to dispatch on: (date) | Resource Order(s) Assigned: S |