

# GENERAL MESSAGE

**TO:**

POSITION

FROM

POSITION

SUBJECT

DATE

MESSAGE:

SIGNATURE/POSITION

**REPLY**

DATE

TIME

SIGNATURE/POSITION

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

**Requestor Name:** \_\_\_\_\_

**Resource Order#:** \_\_\_\_\_

**Incident Supervisor:**

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Do Not Recommend

Recommend

Signature & Date: \_\_\_\_\_

**Subject Matter Expert:**

Supply

Ground Support

Communications

Computer Specialist

Other: \_\_\_\_\_

Comments:

Name and Position: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

Do Not Recommend

Recommend

Signature & Date: \_\_\_\_\_

**Incident Agency Representative:**

(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)

**Decision if within Delegation:**

Do Not Approve

Approved

Approved with the following contingencies:

**Recommendation if above Delegation**

Do not Recommend

Recommend

Recommend with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_ Contact

Phone: \_\_\_\_\_

IF ABOVE DELEGATION, SEND CLAIM TO LOCAL INCIDENT OFFICE

**Supply Unit:**

Sent to dispatch on: (date) \_\_\_\_\_

Resource Order(s) Assigned: **S**- \_\_\_\_\_

Requestor Name: \_\_\_\_\_

Resource Order#: \_\_\_\_\_

**Area Forester:**

**Decision if \$5000.00 or Less:**

Do Not Approve       Approved

Approved with the following contingencies:

**Recommendation if above \$5000.00**

Do not Recommend       Recommend

Recommend with the following contingencies:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Phone: \_\_\_\_\_

**Regional Forester:**

**DECISION:**

Do Not Approve       Approved

Approved with the following contingencies:

Comments:

Name and Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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