# PROPERTY LOSS OR DAMAGE REPORT

**Fire Suppression**

1. **CREW NAME OR NO.**
   - [O#, A#, E# or C#]

2. **ID NO.**
   - (FORM of 288, Emerg. Firefighter Time Report)
   - Not Applicable

3. **ISSUED TO**
   - (Name and Address)
   - (Individual Name [point of contact], Home Unit & Address, email and telephone numbers – cell, work, etc.)

4. **ISSUING OFFICE OR CAMP**

5. **FIRE NAME**

6. **FIRE NO.**

7. **TYPE EMPLOYEE**
   - (/ / Regular Govt
   - / / Casual Firefighter
   - / / Other ___

8. **DESCRIPTION OF PROPERTY LOST OR DAMAGED**
   - (Include Property No. if applicable)
   - *If request is for such items as parts of an equipment or vehicle, include approximate year of age of equipment.*

<table>
<thead>
<tr>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

9. **Employee report on circumstances of loss or damaged to property listed:**
   - *(Be specific – date, place, division on fire; be descriptive of damage, loss, how did it occur, etc.)*

10. **SIGNATURE**

11. **DATE**

12. **Witness report:**
   - *(Be specific – date, place, division on fire. Be descriptive of damage, loss, how did it occur, what did you see, etc.)*

13. **SIGNATURE**

14. **DATE**

15. **Fire Boss or Property Control Officer comments regarding loss or damage:**

   See ATTACHMENT TO OF-289. Do not fill out this block.

16. **SIGNATURE**

17. **TITLE**

18. **DATE**

---

NSN 7540-01-124-7634

OPTIONAL FORM 289 (9-81)

USDA/USDI 50289-101
## ATTACHMENT TO OF-289

<table>
<thead>
<tr>
<th>Claim #</th>
<th>Claimant Name:</th>
<th>Claimant RO#:</th>
</tr>
</thead>
</table>

### Incident Supervisor Name and Incident Position:

- Name and Position: 

- Comments:

- Signature & Date:

- Do Not Recommend | Recommend

- Email & Phone #:

### Subject Matter Expert Name:

- Name:

- Ground Support | Communications | Computer Specialist | Other:

- Comments:

- Signature & Date:

- Do Not Recommend | Recommend

- Email & Phone #:

### Finance Section Chief Name:

- 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.