

# PROPERTY LOSS OR DAMAGE REPORT (IBC TEST Form-289)

<b>1. Contact Information</b> a. Crew/Engine/Module Name: b. First, Last Name (no nicknames): c. Cell Phone: d. Work Email Address:	<b>2. Fire Information</b> a. Fire Name: b. Incident Number: c. Financial Code: d. Resource Order Number:
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<b>3. Home Unit</b> a. Home Unit Name:		c. Home Unit Phone:
b. Home Unit Address:		

<b>4. Damaged Items Description</b>				
Item	Item Description- include serial number, make/model, age of item, detail of damage, etc.	Quantity	Estimated Value of item	Initial Purchase date
1				
2				
3				
4				

**5. Employee Narrative**  
 Describe how the fire environment led to property loss and/or damage for each of the items listed above. Mitigations taken, protocols adhered to etc.

Item 1:

Item 2:

Item 3:

Item 4:

<b>6. Documentation (check all that apply)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Attached Documentation:</th> <th style="width: 12.5%;">Item1</th> <th style="width: 12.5%;">Item2</th> <th style="width: 12.5%;">Item3</th> <th style="width: 12.5%;">Item4</th> </tr> </thead> <tbody> <tr> <td>Accident Report SF-91</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Witness Statement SF-94</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Photos</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>General Message ICS 213's</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Police Reports</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Inventory List</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Quotes/ Estimates</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Attached Documentation:	Item1	Item2	Item3	Item4	Accident Report SF-91					Witness Statement SF-94					Photos					General Message ICS 213's					Police Reports					Inventory List					Quotes/ Estimates					<b>8. Incident Supervisor:</b> (check all that apply) <input type="checkbox"/> Employee was in performance of duties when damage occurred <input type="checkbox"/> Damage occurred while operating item within specifications <input type="checkbox"/> Other _____  Comments:   Signature:  Email/Phone:
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<b>7. Employee Signature (from block 1):</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																									

**9. Assessment General (Circle Y or N as applicable for each item)**

Assessment	Item 1	Item 2	Item 3	Item 4
Item is operable?	Y / N	Y / N	Y / N	Y / N
Item can be repaired?	Y / N	Y / N	Y / N	Y / N
Item can only be replaced?	Y / N	Y / N	Y / N	Y / N
Did damage come from error in operation?	Y / N	Y / N	Y / N	Y / N
Typical lifespan of item				
Replacement/ Repair Cost				

**10. Assessment Findings and Recommendation**

Item	Findings	Additional Notes	Recommendation
Item 1:			<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Other _____
Item 2:			<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Other _____
Item 3:			<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Other _____
Item 4:			<input type="checkbox"/> Repair <input type="checkbox"/> Replace <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Other _____

**11. Assessment Performed By:**

- Communications
- Ground Support
- Incident Technology Specialist
- Operations
- Supply Unit Leader
- Other: \_\_\_\_\_

- a. Name:
- b. Position/ RO#:
- c. Cell Phone:
- d. Email:

**Assessment Official Signature:**

**12. Routing: Coordinate Through Finance Section**

- Documentation only- no further action
- Requesting approval- proceed to block 13

**13. Determination:**

- (in order of precedence and as delegated)
- Incident Business Advisor or Finance Chief
  - Incident Agency Administrator
  - Delegated home unit official

Decision: (Initial all that apply)	Item1	Item2	Item3	Item 4
Approved				
Approved with contingencies				
Denied				

Comments:

Signature:

Email/Phone:

*14. Logistics/Finance Section Use Only*

	Item 1	Item 2	Item 3	Item 4
Claim Number				
Sent to Dispatch/GM#				
Issued S#				