PROPERTY LOSS OR DAMAGE REPORT (OF-289)

Instructions for Completing This Form

This form is used to document, justify, and route claims for damaged or lost government property which occurred during an incident. Complete all applicable sections accurately and attach all supporting documentation before submitting the form.

Block 1 – Contact Information

Provide the requesting employee's contact details.

- Enter the Crew/Engine/Module name.
- Enter the employee's first and last name (no nicknames).
- Provide a current work phone number and email address (where do you want S# sent?)

Block 2 – Fire Information

Fill in the incident details relevant to when the loss or damage occurred.

- Fire name example: Bear Creek
- Incident number example: MT-LNF-000123
- Financial code example: FS-P1QN96 DOI-QN96
- Resource order number example: C-14

These fields help confirm assignment and cost coding for the claim.

Block 3 – Home Unit

Identify the employee's home unit.

- Home Unit Name example: Who do you work for?
- Home Unit Address example: Your work address
- Home Unit Phone example: XXX-XXX-XXXX

This information ensures accurate routing for approvals and financial tracking.

Block 4 – Damaged Items Description

List each damaged or lost item separately.

For each item (1–4), include:

- Item description – serial number, make/model, age, etc.
- Detail of damage –Is the equipment operable. What parts were damaged or is it a total loss?
- Quantity
- Estimated cost or repair/replacement quote
  - If item description box space is not sufficient an ICS 213 can be attached for additional space.
- Initial purchase date – date was purchased by home unit.

Attach documentation to support these estimates.

Block 5 – Employee Narrative

Provide a detailed description of what occurred.

For each item listed in Section 4, describe:

- How did the fire cause the loss or damage, describe what happened to the item.
- Mitigations taken- Were the items secured?
- Relevant protocols or procedures followed- Did you have a spotter?
- Any contributing conditions or important context- Weather, dust, and fire activity?
- If item description box space is not sufficient an ICS 213 can be attached for additional space.

Be specific, this narrative is essential for the determination process.

Block 6 – Documentation: Attach all relevant

Check all types of documentation included with this form. Examples include:

- Accident report- SF-91
- Witness statements- SF-94
- Photos
- General Message- ICS-213
- Police reports
- Inventory lists, Job Hazard Analysis, Risk Assessment when applicable
- Quotes or repair estimates- Vendor estimate inclusive of parts, shipping, labor etc.

Block 7 – Employee Signature

The employee must sign here to certify the accuracy of the information provided.

Block 8 – Incident Supervisor

This section is completed by incident supervisor of the resource listed in block 1. authorized personnel in the following order of precedence and as delegated:

Block 9 – Assessment General

For each item identify the information or condition as applicable

- Following condition by circling "Y" or "N"
- Fill in typical lifespan of the item
- Add replacement/ repair cost

Block 10 – Assessment Findings and Recommendation

Complete detailed finding and additional notes for each of the items listed.

Select a recommendation for each item between Repair, Replace, Do Not Recommend, or Other. If Other is selected write in recommendation

Block 11 – Assessment Performed By

Select the unit the SME works within. If the section/unit is not listed select "Other" and write in the information.

Comple the following information

- Name
- Position and incident resource order number
- Cell Phone
- Email

Signature of the assessment official.

Block 12 – Routing

At this point employee should coordinate with finance section. If no finance section available work through local delegated home unit official.

- **Documentation only – no further action**
- **Requesting approval – proceed to Section 9**

If the claim requires approval, finance will route for determination.

Block 13 – Determination

This section is completed by authorized personnel in the following order of precedence and as delegated:

• Incident Business Advisor or Finance Chief – Primary position and assigned to the incident
• Incident Agency Administrator- If no INBA or FSC is assigned
• Delegated home unit official- For home unit/local incidents

Example 1: When damage occurs during Initial attack no FSC or INBA is assigned and incident Agency Administrator delegates to home unit official for processing.

Example 2: When at a complex incident and equipment is damaged or lost, the form must be processed at the incident, not at the home unit.

Initial the decision for each of them items:
• Approved- will be routed for S# processing
• Approved with contingencies- note in comment section
• Denied

Signature and contact information of the decision (eg. INBA) must be provided.

Block 14 – Logistics/ Finance Section Use Only

If the claim requires approval, it will move to determination. Logistics/Finance section staff may complete:
• Claim number
• Dispatch/GM#
• Issued S#
• Additional internal routing fields as needed