WASHINGTON FIRE SERVICES RESOURCE MOBILIZATION PLAN

LOSS/DAMAGE REPORT

Agency/Person Information							
Date		Incident Name					
Agency/Person						Resource #	
Mailing Address							
City				State		Zip Code	
Completed By				Contact #			

Loss/Damage Information							
Date of Incident		Time		Loss ☐ Damage ☐			
Location							
City				State		Zip Code	

Describe loss or damage on the back of this form or on a separate sheet and attach.

Reported to Law Enforcement	☐ Yes ☐ No	LE Agency	
Officer		Report/Case #	
Property Insured	☐ Yes ☐ No	Insurer	
Claim Filed	☐ Yes ☐ No	Claim #	

Witnesses							
Name				Name			
Address				Address			
City				City			
State		Zip Code		State		Zip Code	
Contact #				Contact #			

Investigation*			
Investigated By		Contact #	
Agency		Resource #	

Attach investigation to this report.

Reviewed By*

Immediate Supervisor	Print Name	_____	Contact #	_____
	Signature	_____	Date	_____
Safety Officer	Print Name	_____	Contact #	_____
	Signature	_____	Date	_____
Incident Commander	Print Name	_____	Contact #	_____
	Signature	_____	Date	_____

Turn original report in to the Mobilization Representative at the incident. Keep a copy for your records.

**** If requesting reimbursement for loss or damage, an investigation AND all signatures must be obtained. The completed report must be submitted with an Expense/Claim Reimbursement Request. Submittal of forms is not a guarantee of reimbursement. All reimbursement requests are subject to review and approval.***