

ALLIGATOR POINT / SAINT TERESA VOLUNTEER FIRE DEPARTMENT

PROPERTY / EQUIPMENT DAMAGE OR LOSS REPORT

Use this form to document APSTVFD property or equipment that is damaged, lost, stolen, or otherwise requires formal disposition. If the event also involves a vehicle collision, injury, or significant safety incident, complete the Accident / Incident Report as appropriate.

1. REPORT INFORMATION

Date of Report _____ Completed By _____ Rank / Role _____

Type of report - check all that apply:

- ☐ Damaged ☐ Lost ☐ Stolen
☐ Destroyed / Unserviceable ☐ Cannibalized / Parts Recovery ☐ Other: _____

2. PROPERTY / EQUIPMENT INFORMATION

Asset / Property # _____ Serial # _____ Manufacturer / Model _____

Brief Description _____ Estimated Value _____

Assigned Station / Apparatus _____ Assigned Member _____

3. EVENT INFORMATION

Date of Event _____ Time _____ Incident / CAD # _____

Location _____ Officer / Person Notified _____

Activity at time of damage/loss:

- ☐ Emergency Response ☐ Training ☐ Station / Work Detail
☐ Maintenance / Inspection ☐ Transport ☐ Storage
☐ Other: _____

4. NARRATIVE

Describe what occurred, how and where it occurred, when the damage/loss was discovered, who was notified, and what immediate actions were taken. Include known contributing circumstances.

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PROPERTY / EQUIPMENT DAMAGE OR LOSS REPORT - REVIEW

5. IMMEDIATE ACTION / STATUS

- | | |
|---|--|
| ☐ Removed From Service | ☐ Tagged / Secured |
| ☐ Decontaminated | ☐ Temporary Repair Made |
| ☐ Photographs Taken | ☐ Supervisor / Officer Notified |
| ☐ Law Enforcement Notified | ☐ Other: _____ |

Current Location of Item _____

Replacement / Loaner Needed Yes ___ No ___

6. THEFT / LAW ENFORCEMENT INFORMATION - IF APPLICABLE

Agency _____ Officer _____ Case / Report # _____

- | | | |
|---|---|---|
| ☐ Police / Sheriff's Report Attached | ☐ Photographs Attached | ☐ Not Applicable |
|---|---|---|

7. REVIEW / CAUSE

Known or apparent cause:

Contributing factors:

- | | | |
|--|--|--|
| ☐ Normal Wear / Failure | ☐ Accidental Damage | ☐ Improper Use |
| ☐ Storage / Security | ☐ Environmental / Weather | ☐ Maintenance Issue |
| ☐ Operational Necessity | ☐ Unknown | ☐ Other: _____ |

8. REPAIR / REPLACEMENT / DISPOSITION

- | | | |
|---|--|--|
| ☐ Repair | ☐ Replace | ☐ Return to Service |
| ☐ Remove From Service | ☐ Dispose / Surplus | ☐ Cannibalize for Parts |
| ☐ Insurance / Claim Review | ☐ Further Evaluation Required | |

Repair / Replacement Vendor _____

Estimated Cost _____

Disposition / corrective action / recommendations:

9. SAFETY / ADMINISTRATIVE REVIEW

- | | |
|--|--|
| ☐ No Additional Safety Action | ☐ Training / Coaching |
| ☐ Equipment Inspection | ☐ Procedure / Policy Review |
| ☐ Safety Committee Review | ☐ Inventory Record Updated |
| ☐ Other: _____ | |

Comments:

10. APPROVAL / CLOSEOUT

Member Completing Report _____ Date _____

Safety Officer / Reviewing Officer _____ Date _____

Fire Chief / Designee _____ Date _____

Attachments: Include photographs, repair estimates, law-enforcement reports, receipts, inventory documentation, or other supporting records when applicable.