

<b>REPORT OF CLAIMS OFFICER</b>			DATE OF REPORT
For use of this form, see AR 27-20; the proponent agency is the Office of The Judge Advocate General.			
INSTRUCTIONS: Submit original only unless otherwise required by regulation. Use additional sheets, if necessary, and number to correspond with item numbers.			
HEADQUARTERS ( <i>Organization, Installation, Unit, etc.</i> )		LOCATION	
1. ACCIDENT OR INCIDENT			
DATE	HOUR	PLACE	
2. CLAIMANTS ( <i>Real or potential</i> )			
NAME	ADDRESS	DATE CLAIM FILED	AMOUNT CLAIMED
ALL CLAIMANTS WHO FILED CLAIMS WERE PERSONALLY INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO ( <i>Specify</i> )			
3. PROPERTY AND PERSONNEL INVOLVED			
A. GOVERNMENT PROPERTY ( <i>Describe all property--make, type, model, U.S. number, previous condition, present location, and show whether moving or stationary</i> )		PERSONNEL ( <i>Name, grade, service number, address and organization, etc.; and if motor vehicle or other equipment was involved, identify operator and show his previous condition, location of occupants, etc.</i> )	
B. PRIVATE PROPERTY ( <i>Describe all property--make, type, model, previous condition, present location, and show whether moving or stationary</i> )		PERSONS ( <i>Name, address and relation to incident, e.g., owner, driver, passenger, pedestrian, bailee, tenant, lessee, licensee, trespasser, etc.; and if a motor vehicle or other equipment was involved, show previous condition of operator, location of occupants, etc.</i> )	

4. SCOPE OF EMPLOYMENT	
WAS GOVERNMENT PERSONNEL ACTING WITHIN THE SCOPE OF EMPLOYMENT <i>(Check applicable box)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO    SEE EXHIBIT(S)--	
5. DAMAGE TO PROPERTY <i>(Nature and extent of damage, estimated cost of repairs or loss, loss of use and, if pertinent, value before and after damage, value of salvage, etc.)</i>	
A. GOVERNMENT PROPERTY	WAS PROPERTY PERSONALLY INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
B. PRIVATE PROPERTY	WAS PROPERTY PERSONALLY INSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. PERSONS INJURED OR KILLED <i>(Name, address, age, nature and extent of injuries, disability, medical aid rendered--where and by whom, hospital, attending physician, duty status, wages lost, etc.)</i>	
A. GOVERNMENT PERSONNEL	
B. PRIVATE PERSONS	
7. WITNESSES <i>(Attach signed statements)</i>	
NAME	STATION OR ADDRESS
8. POLICE INVESTIGATION AND TRIAL	
WAS POLICE INVESTIGATION MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If made, attach copy of report, or state why not obtainable)</i>	STATE FACTS AS TO ARRESTS OR CHARGES, AND RESULTS OF TRIALS BY CIVIL OR MILITARY COURTS, IF ANY

9.

FINDINGS

GIVE FULL DETAILS OF ACCIDENT OR INCIDENT IN NARRATIVE FORM, ILLUSTRATING RELEVANT PHYSICAL FACTS BY SKETCHES, DIAGRAM AND/OR PHOTOGRAPHS, WITH SPECIAL ATTENTION TO: (a) IN TRAFFIC CASES: DIRECTION OF TRAVEL, SPEED, OBSTRUCTIONS TO VIEW, ROAD WIDTH AND CONDITIONS, SKIDMARKS, TRAFFIC SIGNS AND SIGNALS, TRAFFIC AND WEATHER CONDITIONS. (b) IN AIRCRAFT CASES: NATURE AND AUTHORITY FOR FLIGHT, ALTITUDE, SPEED, DIRECTIONS, CONTROLS, WEATHER CONDITIONS, MECHANICAL CONDITION OF AIRCRAFT, AND CAUSE OF ACCIDENT OR INCIDENT. (c) IN MAIL CASES: REGISTRATION OR INSURANCE RECEIPT DATA, DECLARED VALUE, ACTUAL VALUE OF CONTENTS, FEE PAID, ORIGIN AND DESTINATION, TIME AND PLACE OF DELIVERY TO MILITARY AUTHORITIES, ADDRESSEE'S STATEMENT OF NON-DELIVERY. (d) INSURANCE: IN ALL CASES SHOW WHETHER THE LOSS IS COVERED IN WHOLE OR IN PART BY INSURANCE. IF SO, GIVE THE NAME AND ADDRESS OF INSURER; ALSO TYPE AND COVERAGE.

10.

EXHIBITS

LIST, MARK AND ATTACH PERTINENT EXHIBITS SUCH AS: THE CLAIM; OPERATOR'S REPORT; TRIP TICKET; FLIGHT ORDER; WEATHER REPORT; MAINTENANCE RECORDS; REPAIR BILLS AND ESTIMATES; HOSPITAL, MEDICAL AND BURIAL EXPENSE REPORTS AND ITEMIZED BILLS; ESTIMATES OF VALUE; DIAGRAMS; PHOTOGRAPHS (Dated and identified); COPY OF EXTRACT OF TRAFFIC OR FLYING REGULATIONS; LOCAL ORDINANCES, FEDERAL OR STATE LAWS VIOLATED; STATEMENTS OF PARTICIPANTS AND OTHER WITNESSES; COPIES OR EXTRACTS OF INSURANCE POLICIES, RECEIPTS OR AGREEMENTS; POLICE REPORT; AND ANY OTHER RELATED DATA.

A	H
B	I
C	J
D	K
E	L
F	M
G	N

11.

RECOMMENDATIONS

A. IT IS RECOMMENDED THAT: *(Check applicable space and strike out any inapplicable words)*

- THE CLAIM, IF FILED, BE APPROVED IN THE AMOUNT OF \$
- THE CLAIM, IF FILED, BE DISAPPROVED
- THE CLAIM, IF FILED, BE APPROVED IN AN AMOUNT THAT CAN BE REASONABLY SUBSTANTIATED BY THE CLAIMANT
- THE MILITARY PERSONNEL NAMED BELOW BE HELD RESPONSIBLE UNDER ARTICLE 139 UCMJ FOR THE AMOUNT SET OPPOSITE THEIR NAMES (AR 25-80)

NAME	AMOUNT	NAME	AMOUNT

B. REASONS FOR RECOMMENDATIONS

C. CLAIMS OFFICER *(See AR 27-20)*

DATE INVESTIGATION INITIATED	DATE CLAIM FILED
TYPED NAME AND GRADE OF CLAIMS OFFICER	SIGNATURE

12. ACTION OF COMMANDING OFFICER OR STAFF JUDGE ADVOCATE <i>(See AR 27-20)</i>	REPORT <i>(Check applicable box)</i> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE
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REASONS FOR DISAPPROVAL *(or comment on action)*

TYPED NAME, GRADE AND TITLE	SIGNATURE
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