



### CLAIMS INVESTIGATING OFFICER'S REPORT

Claimant's Name (Last, First, MI) [Redacted]	Date (mm-dd-yyyy)
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1. As required by 14 FAM 640, attached claim has been fully investigated and is forwarded with one copy each of the supporting papers (see 14 FAM 646.3) marked \_\_\_\_\_ through \_\_\_\_\_ .

2. The loss or damage occurred on or about: (date mm-dd-yyyy) \_\_\_\_\_ at or between (place) \_\_\_\_\_ and is a (kind or type) \_\_\_\_\_ claim.

3. State here, and on attached sheet if necessary, all additional facts or circumstances that will clarify the statement of facts made by the claimant, or facts overlooked or incorrectly stated by the claimant on the claim form.

**Check "Yes or No" (If the answers to any question requires an explanation, state details on page two.)**

	YES	NO
4. Is the claim presented by a proper claimant?		
5. If filed by an agent or legal representative, does the file contain evidence of an appointment or power of attorney in duplicate?		
6. If the claim involves damage or loss in shipment, does the file being forwarded contain travel orders and shipment inventories?		
7. If the property is available, did you inspect it? If so, under "Remarks" column describe the condition of the damaged property as opposed to its apparent condition prior to the damage.		
8. If the claim involves theft, does the file include statements by other than the claimant, describing: (a) positive evidence that clearly establishes the existence of a theft; (b) evidence of measures taken for protection of the property by claimant?		
9. Comment on individual items, as appropriate, under "Remarks" on page two providing factual information particularly with respect to (1) expensive items or items of extraordinary value, (2) items claimed as being damaged beyond economical repair but which are repairable, and (3) items for which unusual damage is claimed which is not attributable to this incident.		

Remarks (See 14 FAM 646.5)

Print Name of Investigating Officer

Title

Signature

Date (mm-dd-yyyy)