

**FOREIGN CLAIMS OFFICER'S INVESTIGATION REPORT**

\_\_\_\_\_  
(Ship or unit)

\_\_\_\_\_  
(Date of investigation)

**1. TYPE OF INCIDENT OR ACCIDENT**

Brief description (include name(s) and address(es) of potential claimant(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. TIME AND PLACE (Date, time, and location)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. PROPERTY AND PERSONNEL INVOLVED**

a. Government property or personnel. Identify property. Personnel - name, grade, DoD ID #. If motor vehicle or other equipment, name of operator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Private property or persons. Identify property. Persons - names, addresses and relation to incident. (Include name and address of insurance company and coverage.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. SCOPE OF EMPLOYMENT**

Was the individual involved acting within scope of employment? (Yes/no & reasons)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. DAMAGE TO PROPERTY

a. Government property.

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b. Private property.

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6. PERSONS INJURED OR KILLED

a. Government personnel.

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b. Private persons.

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7. WITNESSES (Attached signed statement(s))

NAMES

ADDRESSES

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8. POLICE INVESTIGATION (Attach copy of police report).

9. ADDITIONAL FACTS

a. Give in narrative form full details not otherwise covered herein.

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b. The following inaccuracies in previous reports have been established as a result of this investigation:

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10. EXHIBITS (List and attach exhibits)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_

11. ACTION RECOMMENDED

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12. DATE OF REPORT \_\_\_\_\_

13. SIGNATURE OF INVESTIGATING OFFICER

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14. TITLE OF INVESTIGATING OFFICER

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