SI For use of this form, see AR 27-3	SUBMIT IN TRIPLICATE						
ORGANIZATION OF INVESTIGATOR				FILE NUMBER	DATE		
NAME OF CLAIMANT				ADDRESS (Include ZIP Code)			
				AKEN BY INVESTIGATOR			
	I have investig			lescribed in the claim as follows:			
ITEM		YES	NO	ITEM	YES NO		NO
PROPERTY DAMAGE EXAMINED				DOCUMENTARY EVIDENCE EXAMINED			
SCENE OF INCIDENT VISITED				CLAIMANT INTERVIEWED			
		WIT	NESSES	INTERVIEWED			
NAME	NAME METHOD C (Personal, corresp			NAME	(Personal,	METHOD OF INTERVIEW (Personal, telephone, or correspondence)	
COMMENTS OF INVESTIGATOR:							
	r compensation under Chap	n for the	e dama	aim and that the amount claimed or ge incurred by claimant. I recommondary, 5 , 6 , 6 , 7 , 10 , 10 , 12 signature of investigator			
	SECT	ION II -	ADJUI	DICATION OF CLAIM			
After due con Chapter reasonably sul	, AR 27-2			I that this claim is meritorious and is t is a proper claimant; and an award		nder is	
TYPED NAME, GRADE AND CAPACITY OF OFFICER			SIGNATURE OF APPROVING OR SETTLEMI	ENT AUTHORITY			