

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

CLAIMS INVESTIGATING OFFICER'S REPORT OF PERSONAL PROPERTY CLAIM

(Submit original and 2 copies typed if practicable) (See CLAIMS MANUAL, Enclosure 6)

1. DATE RECEIVED	2. INVESTIGATING OFFICER	3. GRADE OR RATE	4. DUTY STATION
SMALL CLAIMS PROCEDURE (Complete blocks 5 - 9 when appropriate.)			
5. CLAIMANT INTERVIEWED <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY TELEPHONE			
6. IS ANY PORTION OF THE CLAIM FOR DAMAGED ITEMS. <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "YES", WAS THE PROPERTY DAMAGED INSPECTED. <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", explain in remarks.)			
7. WITNESSES INTERVIEWED	TELEPHONE NO. OR ADDRESS	METHOD OF INTERVIEW	
8. APPRAISAL/ESTIMATE OBTAINED FOR ANY ITEM FOR WHICH COL. 23 "L" CG-4111 EXCEEDS \$200.			
INV. NO.	PERSON CONTACTED	COMPANY OF PERSON CONTACTED OR CATALOG IDENTITY	METHOD
9. MY INVESTIGATION INDICATES THAT:			
a. THE CLAIMANT IS A PROPER CLAIMANT (6-C, CLAIMS MANUAL)			
b. THERE IS REASONABLE SUBSTANTIATION OF THE FOLLOWING RECOMMENDED AMOUNT ▶ _____			
c. THE DAMAGE OR LOSS WAS CAUSED BY -			
REGULAR CLAIMS PROCEDURE (Whenever the Small Claims Procedure is inappropriate.)			
10. ENCLOSURE (1) IS THE CLAIM AND REQUIRED DOCUMENTS SUBMITTED BY THE CLAIMANT. I HAVE COMPLETED BLOCK 23 OF CG-4111			
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", explain)			
11. THE CLAIM WAS FULLY INVESTIGATED; AND ENCLOSURE (2) IS THE INVESTIGATIVE REPORT I COMPLETED IN ACCORDANCE WITH CHAPTER 2, CLAIMS MANUAL.			
12. THE FOLLOWING BRIEFLY DESCRIBES THE LATEST STATUS OF ANY CLAIM AGAINST ANY CARRIER, INSURER, OR OTHER THIRD PARTY ARISING FROM THE INCIDENT:			
13. REMARKS			
14. INVESTIGATING OFFICER'S SIGNATURE			15. DATE
16. SOME OF THE ITEMS LISTED IN BLOCK 23. OF CG-4111 HAVE BEEN REPLACED IN KIND.		17.	
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", the item(s) replaced in kind is (are) listed in my endorsement to the investigative report or noted in Block 23. of CG-4111 for Small Claims.)		<input type="checkbox"/> THE CLAIM IS DISAPPROVED.	
		a. <input type="checkbox"/> THE CLAIM IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED AT THE RIGHT ▶	
COMMAND (Name, grade, title & signature) (Date)		SETTLEMENT AUTHORITY (Name, grade, title & signature) (Date)	

