

**CLAIMS JOURNAL FOR (PERSONNEL) (TORT) (AFFIRMATIVE) CLAIMS**

PAGE NO.

For use of this form, see AR 27-20; the proponent agency is TJAG.

LINE NO.	FILE NUMBER	NAME AND ADDRESS OF CLAIMANT <i>(Including Grade and SSN)</i>	DATE CLAIM RECEIVED AND AMOUNT CLAIMED	INCIDENT				CO-CLAIM OR MASTER FILE	LINE NO.
				DATE OF INCIDENT	PLACE OF INCIDENT	TYPE/NATURE <i>(Category)</i>	GBL OR GOV'T VEHICLE/HOSPITAL INVOLVED		
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13

**CLAIMS JOURNAL FOR (PERSONNEL) (TORT) (AFFIRMATIVE) CLAIMS CONT'D**

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LINE NO.	DISPOSITION OF CLAIM, DATE AND AMOUNT				PROCESSING TIME <i>(Calendar Days)</i>	RECONSIDERATION/ APPEAL		AFFIRMATIVE CLAIM RECOVERY DATE AND AMOUNT	DATE FILE FORWARD FOR RECOVERY/ RETIREMENT	LINE NO.
	WITHDRAWN/ ABANDONED	DATE & PLACE TRANSFERRED	DATE DENIED	DATE & AMOUNT APPROVED		DATE RECEIVED	ACTION TAKEN AND DATE			
1										1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13