ATTACHMENT G1

FIGURES

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HOUSEHOLD GOODS DESCRIPTIVE INVENTORY

TAG COLOR _____ NOS. _____ THRU _____

PAGE NO. NO. OF PAGES

CONTRACTOR OR CARRIER | AGENT | CARRIER'S REFERENCE NO.

OWNER'S GRADE OR RATING AND NAME | CONTRACT OR GBL NO.

ORIGIN LOADING ADDRESS | CITY | STATE | GOVT. SERVICE ORDER NO.

DESTINATION | VAN NUMBER

DESCRIPTIVE SYMBOLS

CP - Packed By Carrier
PBO - Packed By Owner
CD - Carrier Disassembled
DBO - Disassembled by Owner
PB - Professional Books
PP - Professional Papers
PE - Professional Equipment
B&W - TV Black & White
C - TV Color
MCU - Mechanical Condition Unknown

EXCEPTION SYMBOLS

BE - Bent
BR - Broken
BU - Burned
CH - Chipped
CU - Contents and Condition Unknown
D - Dented
F - Faded
G - Gouged
L - Loose
M - Marred
MI - Mildew
MD - Mothballs
P - Peeling
R - Rubbed
RU - Rusted
SC - Scratched
SH - Short
SO - Soiled
ST - Stained
S - Stretched
T - Torn
W - Badly Worn
Z - Cracked

NOTE: The omission of these symbols indicates good condition.

LOCATION SYMBOLS

1. Arm
2. Bottom
3. Corner
4. Front
5. Left
6. Leg
7. Rear
8. Right
9. Side
10. Top
11. Veneer
12. Edge
13. Center
14. Seat
15. Drawer
16. Inside
17. Door
18. Shelf
19. Hardware

ITEM NO.	STB. CE./ CR. REF.	ARTICLES	CONDITION AT ORIGIN	ROOM	EXCEPTIONS (IF ANY) AT DESTINATION

REMARKS/EXCEPTIONS _____

IMPORTANT NOTICE → *BEFORE SIGNING — CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE. IF FOR ANY REASON YOU WERE NOT GIVEN OPPORTUNITY TO INSPECT THIS SHIPMENT, YOU SHOULD CALL THIS TOLL FREE NUMBER, 800-348-3746.*

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED ON THIS PAGE INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED."

AT ORIGIN	LOADING HAULER NAME & NUMBER (Signature)	DATE	AT DESTI-NATION	DELIVERING HAULER NAME & NUMBER (Signature)	DATE
	OWNER OR AUTHORIZED AGENT (Signature)	DATE		OWNER OR AUTHORIZED AGENT (Signature)	DATE

FORM 14 (REV. 10/93) PRINTED IN U.S.A.

Figure G1-1. Household Goods Descriptive Inventory

PACKING LIST OF HOUSEHOLD GOODS Page 1 of

SHIPPING ACTIVITY OWNER (Name) (Rank or rate)

PACKED BY LOT NO. DATE

CONSIGNED TO (Name and complete address)

METHOD OF SHIPMENT

☐ Rail (LCL) ☐ Air Freight ☐ Motor Freight ☐ Water Other_____ (Specify)

Container No.	*Type of Container	Contents	Inv No.	Wt. (Lbs.)	Location of Condition	Cubic feet

*ABBREVIATIONS

FOR TYPE OF CONTAINER:		EXCEPTION SYMBOLS		LOCATION SYMBOLS	
NW - Nailed Wood	BR - Broken	F - Faded	R - Rubbed	B - Bottom	RT - Right
FB - Fiber Board	BU - Burned	G - Gouged	SC - Scratched	C - Corner	S - Side
OC - Open Crate	CH - Chipped	GC - Good Condition	SO - Soiled	F - Front	TOP - Top
BRL - Barrel	CU - Contents and Conditions Unknown	L - Loose	T - Torn	LEF - Left	LG - Leg
HGCC - Household Goods Consolidated Crate	D - Dented	M - Marred	Z - Cracked	RE - Rear	V - Veneer
		NW - Normal Wear	OR - Owner's Risk		

Figure G1-2. Packing List of Household Goods

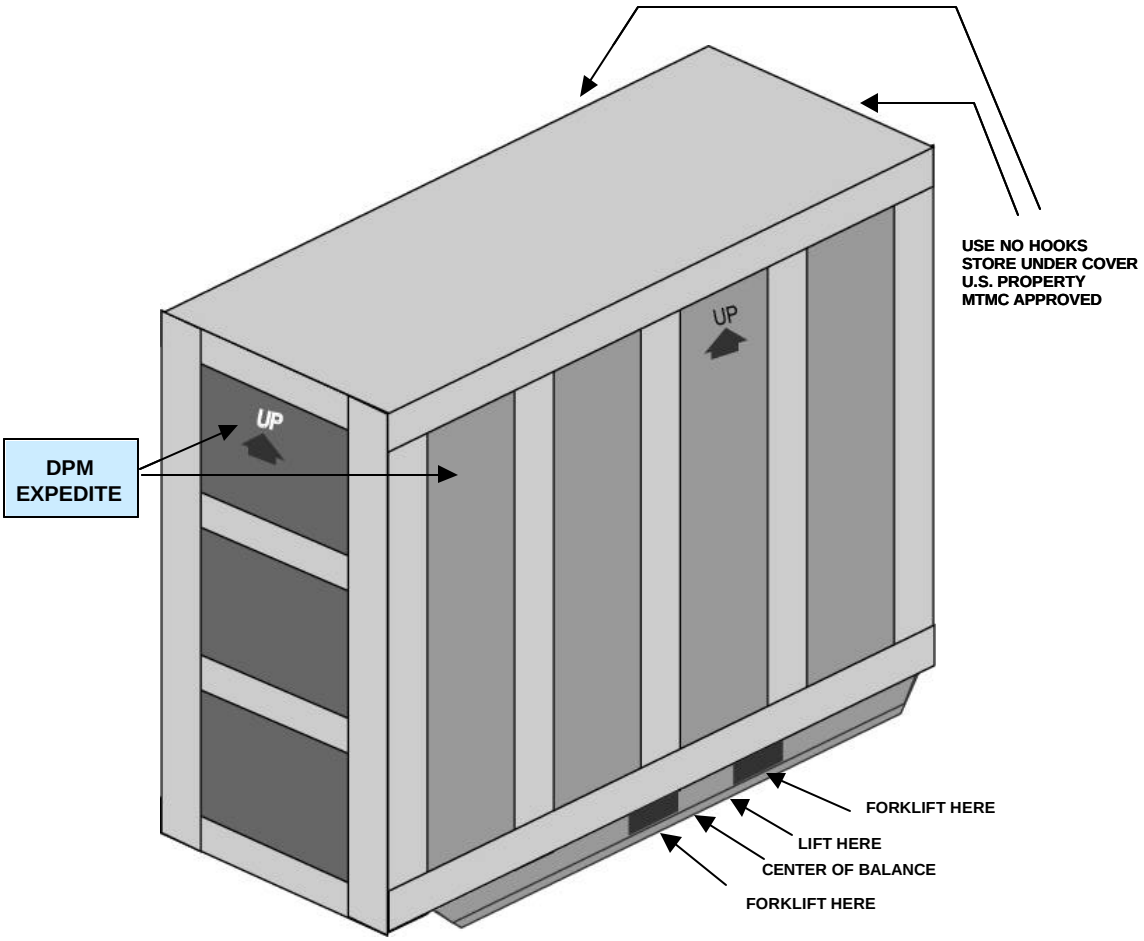

Figure G1-3. Location of Permanent Markings on ASTM-D4169-01 Wood HHG Box

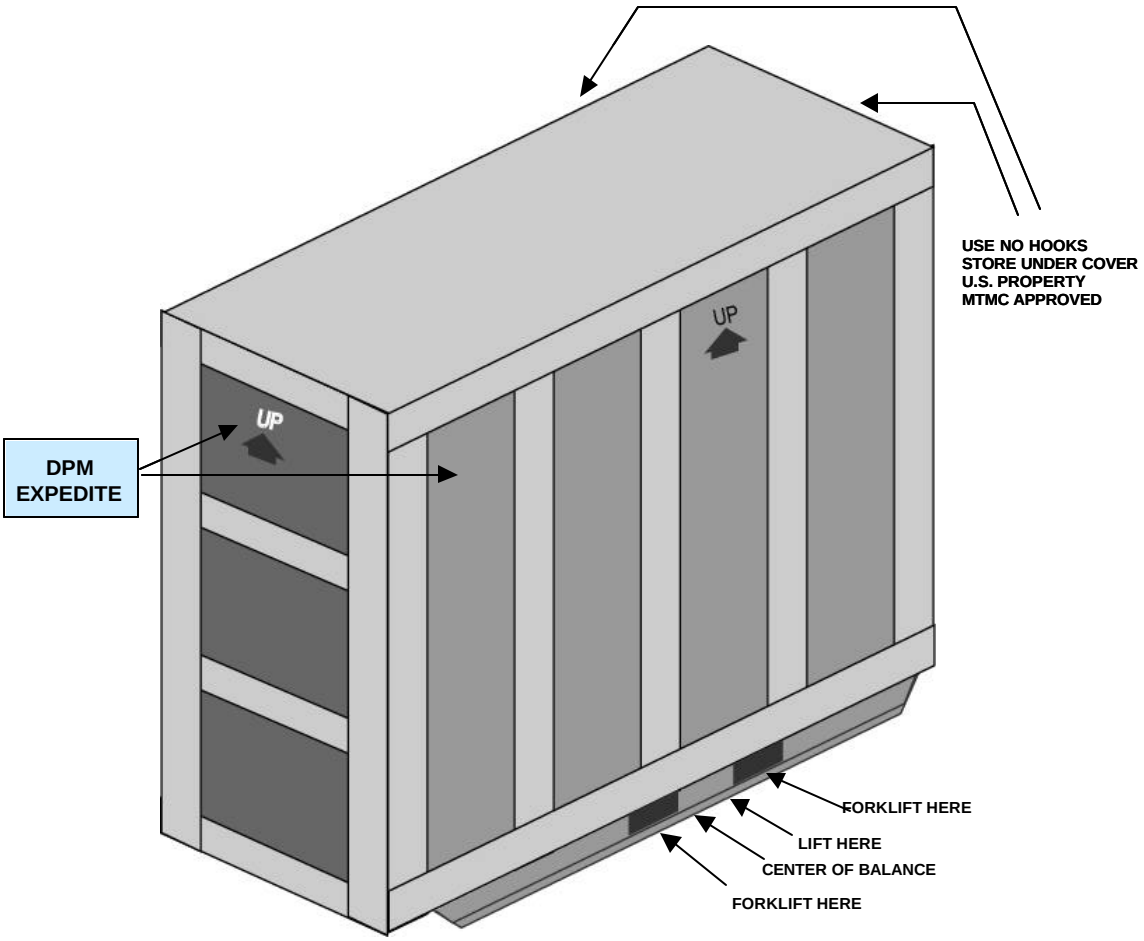

Figure G1-4. Location of Permanent Markings on MIL-STD-1489 HHG Box

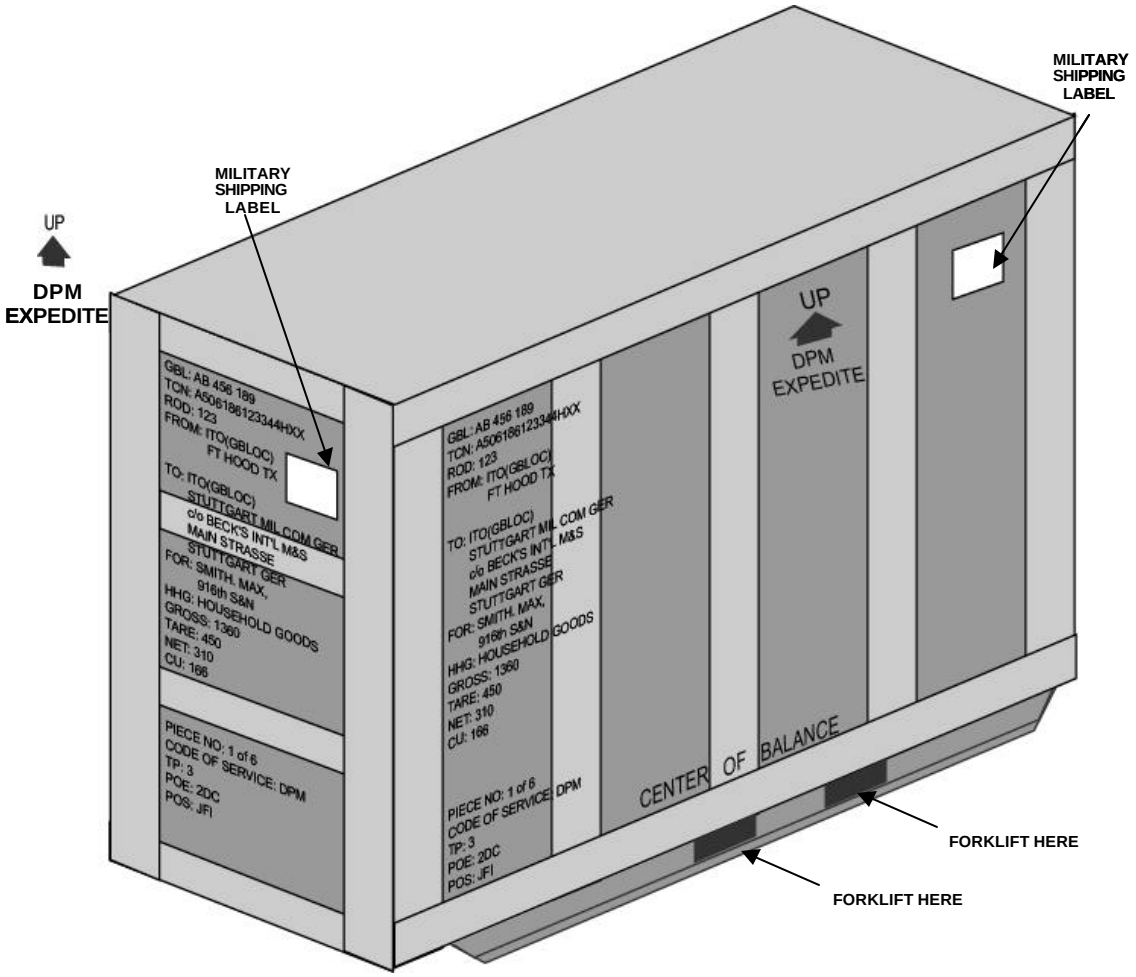

Figure G1-5. Container Marking for Household Goods

Figure G1-6. Military Shipping Label for Personal Property

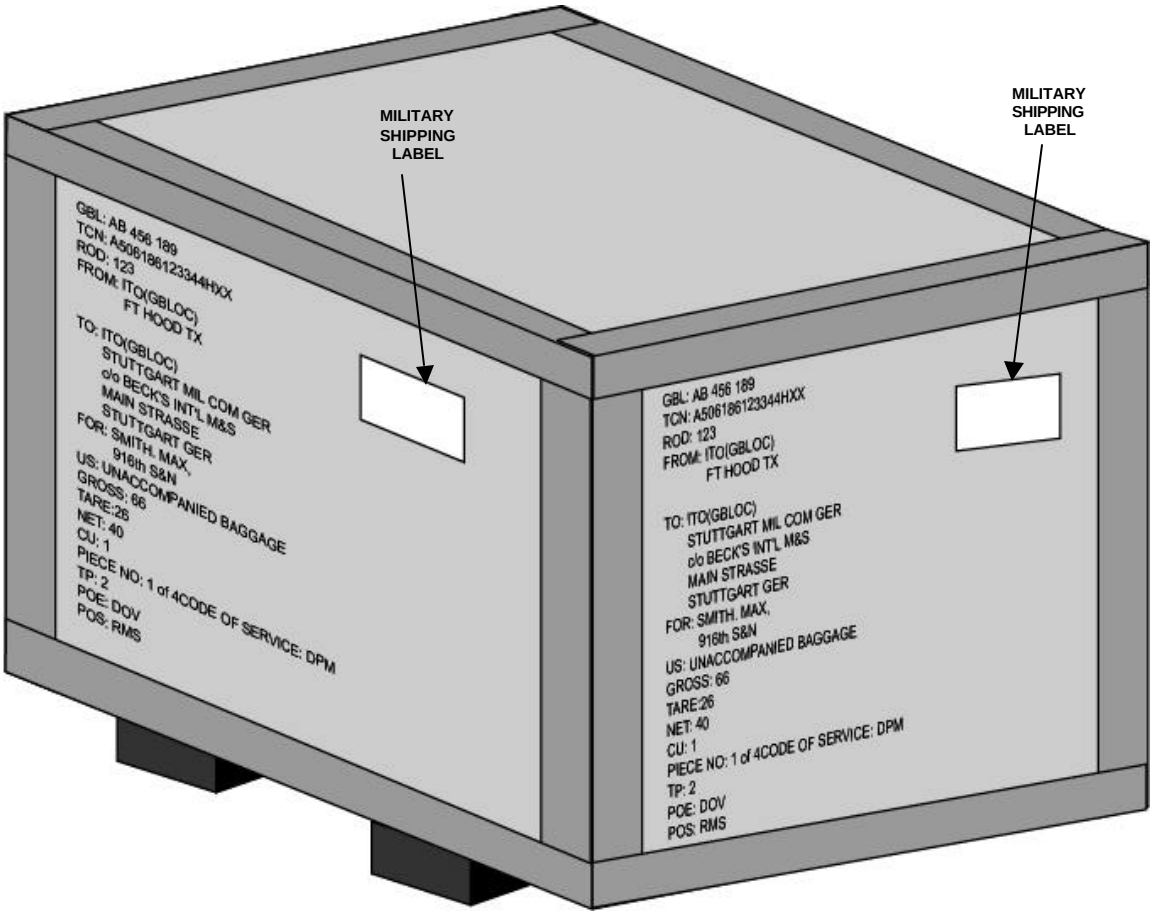

Figure G1-7. Markings of Unaccompanied Baggage

JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY

Privacy Act Statement

AUTHORITY: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).

PRINCIPLE PURPOSE(S): The information requested is to be used in evaluating claims.

ROUTINE USE(S): The information requested is used in the settlement of claims for loss, damage or destruction of personal property and recovery from liable third parties.

DISCLOSURE: Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

GENERAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD Form 1840 and blank DD Forms 1840R will be provided the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.

SECTION A - GENERAL *(To be completed by carrier/contractor)*

1. NAME OF OWNER *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT

5. ORIGIN OF SHIPMENT *(City and State/Country)*	6. DESTINATION OF SHIPMENT *(City and State/Country)*

7. PPGBL/ORDER NUMBER	8. PICKUP DATE	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR

10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR REF. NO.

SECTION B - RECORD OF LOSS OR DAMAGE *(To be completed jointly by member and carrier's/contractor's representative)*

13. Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. **THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.**

a. Inv. No.	b. Name of item	c. Description of loss or damage *(If missing, so indicate)*

14. ACKNOWLEDGMENT BY MEMBER OR AGENT *(X and complete as applicable and sign below)*

a. I received my property in apparently good condition except as indicated above. A continuation sheet ☐ was ☐ was not used.

b. Unpacking and removal of packing material, boxes, cartons, and other debris ☐ is ☐ is not waived.

c. I estimate the amount of my loss and/or damage at $

d. I have received three copies of this form. I understand that I have 70 days to list any further loss and/or damages on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.

e. Telephone Number | f. Date Signed

g. Signature

15. ACKNOWLEDGMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE *(X and complete as applicable and sign below)*

☐ a. Property was delivered in apparently good condition except as otherwise noted above.

☐ b. I will initiate tracer action for missing items.

c. Name of delivering carrier/agent/contractor

d. Storage in transit? ☐ Yes ☐ No

e. Signature | f. Date Signed

DD Form 1840, JAN 88 *Previous editions are obsolete.* PAGE OF PAGES

Figure G1-8. Joint Statement of Loss and Damage at Delivery (DD Form 1840)

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and note all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only ball-point pen or typewriter. **THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF THE AMOUNT PAYABLE ON YOUR CLAIM.** Keep a copy of this form for your records, receipted and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A - *(To be completed by member)*

1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or damage in the following shipment of personal property.

a. Name of Member *(Last, First, Middle Initial)*	b. PPGBL/Order Number	c. Date of Delivery

d. Origin of Shipment *(City and State/Country)*	e. Destination of Shipment *(City and State/Country)*

f. You are further notified that property owner intends to present a claim for this loss and/or damage. You are hereby extended an opportunity to inspect the property.

2. LIST OF PROPERTY LOSS / DAMAGE *(NOTE: Tracer action is requested for items listed as missing)*

a. Inv. No.	b. Name of Item	c. General Description of Loss or Damage *(If missing, so indicate)*

SECTION B - *(To be completed by claims office)*
(NOTE: Mail original to home office of carrier / contractor listed in item 9 on DD Form 1840)

3. TO *(Home Office of Carrier/Contractor)*

a. Name and Address *(Street Address, City, State, and ZIP Code)*	b. Date of Dispatch

4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE

a. Name and Address of Claims Officer	b. Signature	
	c. Date Signed	d. Telephone Number

DD Form 1840R, JAN 88 *Previous editions are obsolete* PAGE OF PAGES

Figure G1-9. Notice of Loss or Damage (DD Form 1840R)

TRANSPORTATION CONTROL AND MOVEMENT DOCUMENT | PAGE NO.

1. DOC ID	2. TRLR CTR	3. CONSIGNOR	4. COMMODITY SPECIAL HANDLING	5. AIR DIM	6. POE	7. POD

8. MODE	9. PACK	10. TRANSPORTATION CONTROL NO.	11. CONSIGNEE	12. PRI	13. RDD	14. PROJ	15. DATE SHPD	16. ETA	17. TR ACCT

18. CARRIER	19. FLIGHT-TRUCK-VOY-DOC NO	20. REF	21. REMARKS	22. PIECES	23. WEIGHT	24. CUBE

a. Transship Point	b. Date Rec	c. Bay Whse	d. Date Shpd	e. Mode Carrier	f. Flight-Truck-Voy Doc No.	g. Ref	h. Stow Loc	i. Split	j. Cond	k. Signature-Remarks
25.										
26.										
27.										

28. CONSIGNEE	29. DATE RECEIVED/OFFERED (Sign)	30. CONDITION	31. REMARKS

32. DOC ID	33. TRAILER - CON-TAINER	34. CONSIGNOR COMM ABBR OTHER	35. COMMODITY SPECIAL HANDLING	36. VOY NO Air Dim a.	36. VOY NO POE b.	37. POD	38. MODE	39. TYPE PACK	40. TRANSPORTATION CONTROL NUMBER	41. CONSIGNEE	42. PRI	43. REMARKS AND/OR RDD a.	Proj b.	Stow Loc Shpd c.	Stow Loc ETA d.	Tac e.	44. ADDITIONAL REMARKS OR Pieces a.	Weight b.	Cube c.

DD FORM 1384, OCT 2000 PREVIOUS EDITIONS MAY BE USED.

Figure G1-10. Transportation Control and Movement Document (TCMD) (DD Form 1384)

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