



UNITED STATES MARINE CORPS
MARINE CORPS INSTALLATIONS WEST-MARINE CORPS BASE
BOX 555010
CAMP PENDLETON, CALIFORNIA 92055-5010

1300

G-1

12 JAN 2021

INFOGRAM 2-21

FROM: COMMANDING GENERAL
TO: DISTRIBUTION LIST

SUBJ: FALLBROOK CREEK FIRE EVACUATION REIMBURSEMENT AND PERSONNEL
CLAIMS ACT, MARINE CORPS BASE, CAMP PENDLETON

ENCL: (1) EVACUATION ORDERS WRITING QUESTIONNAIRE
(2) EVACUATION DD 1351-2 EXAMPLE

1. PURPOSE. THIS INFOGRAM PROVIDES INFORMATION REGARDING THE PROCESSING OF EVACUATION TRAVEL CLAIMS DUE TO THE 24 DECEMBER 2020 FALLBROOK CREEK FIRE IN THE PROXIMITY OF MARINE CORPS BASE, CAMP PENDLETON. THE COMMANDING GENERAL (CG), MARINE CORPS INSTALLATIONS WEST-MARINE CORPS BASE, CAMP PENDLETON (MCIWEST-MCB CAMPEN) AUTHORIZED THE EVACUATION OF THE DELUZ AND O'NEILL HOUSING AREA PURSUANT TO 31 U.S.C. §3721.

2. SCOPE

A. INDIVIDUAL EVACUATION ORDERS AND TRAVEL CLAIMS. PERSONNEL AUTHORIZED TO EVACUATE THEIR PERMANENT RESIDENCE MAY QUALIFY FOR TEMPORARY ADDITIONAL DUTY OR EVACUATION ALLOWANCES COVERING TRAVEL, MEALS, AND/OR LODGING FOR THE EVACUATION PERIOD. GOVERNMENT RETIREES RESIDING IN ANY OF THE EVACUATED AREAS ARE NOT ENTITLED TO EVACUATION ALLOWANCES, UNLESS IN ANOTHER STATUS FOR WHICH IT IS AUTHORIZED. THERE ARE NO EVACUATION ALLOWANCES/REIMBURSEMENTS FOR PERSONNEL WHO DID NOT EVACUATE THEIR HOMES.

B. EVACUATED PERSONNEL/FAMILIES MUST ENSURE THAT EACH EVACUEE TRAVEL CLAIM INCLUDES:

- (1) THE REASON FOR EVACUATION.
- (2) THE DATE OF THE EVACUATION.
- (3) THE ESTABLISHED OR DESIGNATED LOCATION.
- (4) THE APPROPRIATE LINE OF ACCOUNTING (LOA).
- (5) LETTER OF CG AUTHORIZED EVACUATION.

C. IN ADDITION, BE PREPARED TO PROVIDE THE FOLLOWING INFORMATION FOR CLAIMS:

SUBJ: FALLBROOK CREEK FIRE EVACUATION REIMBURSEMENT AND PERSONNEL CLAIMS ACT, MARINE CORPS BASE, CAMP PENDLETON

- (1) COMPLETE ENCLOSURE (2) .
- (2) COPY OF EVACUATION ORDERS.
- (3) ALL LODGING RECEIPTS.
- (4) NAMES AND AGES OF ALL EVACUATED FAMILY MEMBERS.
- (5) ACTUAL MILEAGE FROM RESIDENCE TO SAFE HAVEN/EVACUATION SITE.
- (6) NUMBER OF OWNERS/OPERATORS OF VEHICLES USED.
- (7) SPONSOR'S FULL NAME, RANK, AND SOCIAL SECURITY NUMBER.
- (8) ELECTRONIC FUNDS TRANSFER FORM WITH ACCOUNT INFORMATION/ROUTING NUMBER.

3. COORDINATING INSTRUCTIONS

A. ALL PERSONNEL AUTHORIZED TO EVACUATE DELUZ AND O'NEILL HOUSING WILL BE REQUIRED TO COMPLETE AN EVACUATION QUESTIONNAIRE. THE EVACUATION QUESTIONNAIRE WILL ASSIST IN GENERATING INDIVIDUAL EVACUATION ORDERS AND COMPLETING A DD 1351-2 TO CLAIM REIMBURSEMENT FOR ALLOWED EXPENSES DUE TO AN ORDERED EVACUATION. ALL AFFECTED PERSONNEL SHOULD VISIT THEIR RESPECTIVE UNIT S-1 WITH THEIR COMPLETED QUESTIONNAIRE PRIOR TO ARRIVING AT THE LOCATION BELOW TO ENSURE INFORMATION IS CORRECT AND THE PROCESS IS EXPEDITED.

B. THE TRAVEL CLAIM PROCESS FOR ALL PERSONNEL WILL TAKE PLACE AT THE MARINE CORPS BASE, CAMP PENDLETON IPAC INBOUND SECTION, SECOND DECK, BUILDING 13107 FROM 0800-1200 BEGINNING 7 JANUARY 2021 TO 15 JANUARY 2021. PLEASE CALL CHIEF WARRANT OFFICER 4 BARROT AT (760) 725-6789 FOR MORE INFORMATION.

4. FUNDING. LOA'S HAVE BEEN ISSUED BY HEADQUARTERS MARINE CORPS (HQMC RFE) TO REIMBURSE PERSONNEL THAT WERE AUTHORIZED TO EVACUATE. THE LOA WILL BE INCLUDED IN THE INDIVIDUAL EVACUATION ORDERS WHEN COMPLETING YOUR EVACUATION CLAIM DURING THE PERIOD INDICATED IN PARAGRAPH 3(B). EVACUATION INFORMATION IS LOCATED AT THE COMMON ACCESS CARD ENABLED HQMC MANPOWER AND RESERVE AFFAIRS SITE AT [HTTPS://WWW.MANPOWER.USMC.MIL/WEBCENTER/PORTAL/FINANCE/PAGES_EVACUATIONMATERIALS](https://www.manpower.usmc.mil/webcenter/portal/finance/pages_evacuationmaterials).

5. THE PERSONNEL CLAIMS ACT (PCA)

A. THE PCA ALLOWS SERVICE MEMBERS ACCESS TO FILE A CLAIM AGAINST THE GOVERNMENT FOR PERSONAL PROPERTY THAT IS LOST, DAMAGED, OR DESTROYED INCIDENT TO SERVICE. THIS INCLUDES FIRE, FLOOD, OR POWER DAMAGE TO PERSONAL BELONGINGS IN QUARTERS, AS WELL AS DAMAGE TO FURNITURE DURING SHIPMENT, STORAGE, THEFT, VANDALISM, OR NATURAL DISASTERS ON BASE. THE PACKAGE MUST INCLUDE DD FORMS 1842 AND 1844 TO FILE A CLAIM UNDER THE PCA.

SUBJ: FALLBROOK CREEK FIRE EVACUATION REIMBURSEMENT AND PERSONNEL
CLAIMS ACT, MARINE CORPS BASE, CAMP PENDLETON

B. MAIL COMPLETED FORMS TO:

(1) PERSONNEL CLAIMS UNIT NORFOLK
9053 FIRST STREET, STE 102
NORFOLK, VA 23511-3420
FAX: (866) 782-7297;
EMAIL AT NORFOLKCLAIMS.NAVY.MIL
PHONE: (888) 897-8217.

(2) PLEASE CONTACT THE WESTERN REGIONAL CIVIL LAW OFFICE AT
(760) 725-4927 FOR ALL QUESTIONS REGARDING THE PCA.

DISTRIBUTION: A-4

B

C



J. W. GATES
BY DIRECTION

Evacuation Orders Writing Questionnaire

Comptroller SDN: _____

Name (Last, First MI): _____ Date: _____

Component ☐ Marine ☐ Navy ☐ Army ☐ Coast Guard

☐ Active ☐ Reservist on Active Duty other than ADSW ☐ DOD Civilian ☐ Reserve (ADOS only)

☐ Active Duty Dependent ☐ Reservist on Active Duty Dependent ☐ Reserve Dependent (ADOS only)

Current assignment

☐ MEF Headquarters Group ☐ Division ☐ Marine Air Wing ☐ Marine Logistics Group ☐ MCIWEST-MCB

☐ Unknown ☐ Other _____

Claim. Have you filled a claim or been reimbursed for this evacuation through a private Company?

☐ No ☐ Yes From ☐ Private Insurance ☐ Privatized Housing Office ☐ Charity/Non-Profit

Travel. A Marine and/or their spouse will both be reimbursed (if they drove separately) for one round trip from their evacuated residence to the designated evacuation site (or alternate safe accommodations within 50 miles) and return.

1. What is the Full Address of your evacuated residence and what is the address of your safe haven?

Residence: _____

Safe Haven: _____

2. How many miles is it from your evacuated residence to the safe haven address? _____ Miles.

3. How many Privately Owned Vehicles (POVs) were used? _____.

4. Was Spouse unable to operate a Vehicle for Evacuation purposes? ☐ Able ☐ Unable

a. If Spouse was unable to operate a vehicle for evacuation purposes the Active Duty Member is then considered the "Escort" for reimbursement purposes.

Lodging. Families will also be reimbursed for the actual cost of their lodging as long as the cost does not exceed \$161 per day the evacuation order was in effect. NOTE: There is NO entitlement to the lodging allowance if you stayed with friends and/or family members (**lodging receipt required**).

1. Did you temporarily stay in commercial lodging or with family/friends? ☐ Commercial ☐ Other.

2. Does your lodging receipt state "Balance due: 0.00?" ☐ Yes ☐ No.

a. If NO, please acquire a "zero balance" receipt from your temporary lodging facility.

3. Any additional expenses annotated on the lodging receipt (i.e. pet fees, room service, etc.)?

☐ No ☐ Yes. _____

Meal and Incidental Expenses. All family members (12 and older) required to evacuate from their homes will receive a pro-rate of \$71 per day to pay for their meals and miscellaneous expenses they might incur. Dependents under the age of 12 are entitled to \$35.50 (50%) per day. NOTE: On the effective and termination date the member will receive 75% of aforementioned allowance.

1. How many dependents were evacuated? _____.

NAME (LAST, FIRST, MI)	DOB	AGE	RELATIONSHIP

Additional Expenses. If any additional expenses (including but not limited to: official phone calls, dry cleaning, hotel parking, etc.) were incurred due to the evacuation, please annotate below:

Personnel Claims Act (PCA). Allows a service member to file a **claim against the government for personal property which is lost, damaged or destroyed incident to service**; this includes but not limited to: fire, flood or power damage to personal belongings in quarters as well as damage to furniture during shipment, storage, theft, vandalism or natural disasters on base. The package should include DD Forms 1842 and 1844 (which may be printed off using the website link below) and all supporting documents. Once the forms are signed and completed they may be submitted by mail, or fax to the address or fax number below. If you have any questions about your claim or the PCA process you may contact the Western Regional Civil Law Office at 760-725-5154.

Personal Claims Unit Website link - <http://usacac.army.mil/CAC2/Staff/osja/UCMC.pdf>

Mail: (MRP-2 Claims), Manpower Reserve Affairs, 3280 Russell Road, Quantico, VA 22134-5103

Fax: (703) 784-9827

STATEMENT OF UNDERSTANDING

"I hereby certify the truthfulness of the information provided. I further understand that I may be liable for civil or criminal penalties if I have misrepresented any facts associated with this claim or if it is determined that this claim is otherwise fraudulent."

(Signature)

(Date)

ENCLOSURE (1)

Evacuation DD 1351-2 Example

TRAVEL VOUCHER OR SUBVOUCHER		Read Properly: Act, Budget, Receipt, Placement and Instructions on back before completing form. Use hydraulic ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in reverse.	
1. PAYMENT <input checked="" type="checkbox"/> Financial Fund <input type="checkbox"/> Transfer (DP-1)		2. NAME (Last, First, Middle Initial) and title (if applicable) Smith, John Q.	
3. GRADE E-9		4. SSN 123-45-6789	
5. ADDRESS - NUMBER AND STREET 123 Main St.		6. CITY Oceanside	
7. OFFICIAL TELEPHONE NUMBER - AREA CODE 360-555-5555		8. TRAVEL ORGANIZATION ALCA's Miramar	
9. PREVIOUS DOWNGRANT PAYMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		10. PREVIOUS DOWNGRANT PAYMENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
11. ORGANIZATION AND STATION ALCA's Miramar		12. DEPENDENTS (If not indicated in previous block)	
13. DEPENDENTS (If not indicated in previous block)		14. DEPENDENTS (If not indicated in previous block)	
15. DEPENDENTS (If not indicated in previous block)		16. DEPENDENTS (If not indicated in previous block)	
17. DEPENDENTS (If not indicated in previous block)		18. DEPENDENTS (If not indicated in previous block)	
19. DEPENDENTS (If not indicated in previous block)		20. DEPENDENTS (If not indicated in previous block)	
21. DEPENDENTS (If not indicated in previous block)		22. DEPENDENTS (If not indicated in previous block)	
23. DEPENDENTS (If not indicated in previous block)		24. DEPENDENTS (If not indicated in previous block)	
25. DEPENDENTS (If not indicated in previous block)		26. DEPENDENTS (If not indicated in previous block)	
27. DEPENDENTS (If not indicated in previous block)		28. DEPENDENTS (If not indicated in previous block)	
29. DEPENDENTS (If not indicated in previous block)		30. DEPENDENTS (If not indicated in previous block)	
31. DEPENDENTS (If not indicated in previous block)		32. DEPENDENTS (If not indicated in previous block)	
33. DEPENDENTS (If not indicated in previous block)		34. DEPENDENTS (If not indicated in previous block)	
35. DEPENDENTS (If not indicated in previous block)		36. DEPENDENTS (If not indicated in previous block)	
37. DEPENDENTS (If not indicated in previous block)		38. DEPENDENTS (If not indicated in previous block)	
39. DEPENDENTS (If not indicated in previous block)		40. DEPENDENTS (If not indicated in previous block)	
41. DEPENDENTS (If not indicated in previous block)		42. DEPENDENTS (If not indicated in previous block)	
43. DEPENDENTS (If not indicated in previous block)		44. DEPENDENTS (If not indicated in previous block)	
45. DEPENDENTS (If not indicated in previous block)		46. DEPENDENTS (If not indicated in previous block)	
47. DEPENDENTS (If not indicated in previous block)		48. DEPENDENTS (If not indicated in previous block)	
49. DEPENDENTS (If not indicated in previous block)		50. DEPENDENTS (If not indicated in previous block)	
51. DEPENDENTS (If not indicated in previous block)		52. DEPENDENTS (If not indicated in previous block)	
53. DEPENDENTS (If not indicated in previous block)		54. DEPENDENTS (If not indicated in previous block)	
55. DEPENDENTS (If not indicated in previous block)		56. DEPENDENTS (If not indicated in previous block)	
57. DEPENDENTS (If not indicated in previous block)		58. DEPENDENTS (If not indicated in previous block)	
59. DEPENDENTS (If not indicated in previous block)		60. DEPENDENTS (If not indicated in previous block)	
61. DEPENDENTS (If not indicated in previous block)		62. DEPENDENTS (If not indicated in previous block)	
63. DEPENDENTS (If not indicated in previous block)		64. DEPENDENTS (If not indicated in previous block)	
65. DEPENDENTS (If not indicated in previous block)		66. DEPENDENTS (If not indicated in previous block)	
67. DEPENDENTS (If not indicated in previous block)		68. DEPENDENTS (If not indicated in previous block)	
69. DEPENDENTS (If not indicated in previous block)		70. DEPENDENTS (If not indicated in previous block)	
71. DEPENDENTS (If not indicated in previous block)		72. DEPENDENTS (If not indicated in previous block)	
73. DEPENDENTS (If not indicated in previous block)		74. DEPENDENTS (If not indicated in previous block)	
75. DEPENDENTS (If not indicated in previous block)		76. DEPENDENTS (If not indicated in previous block)	
77. DEPENDENTS (If not indicated in previous block)		78. DEPENDENTS (If not indicated in previous block)	
79. DEPENDENTS (If not indicated in previous block)		80. DEPENDENTS (If not indicated in previous block)	
81. DEPENDENTS (If not indicated in previous block)		82. DEPENDENTS (If not indicated in previous block)	
83. DEPENDENTS (If not indicated in previous block)		84. DEPENDENTS (If not indicated in previous block)	
85. DEPENDENTS (If not indicated in previous block)		86. DEPENDENTS (If not indicated in previous block)	
87. DEPENDENTS (If not indicated in previous block)		88. DEPENDENTS (If not indicated in previous block)	
89. DEPENDENTS (If not indicated in previous block)		90. DEPENDENTS (If not indicated in previous block)	
91. DEPENDENTS (If not indicated in previous block)		92. DEPENDENTS (If not indicated in previous block)	
93. DEPENDENTS (If not indicated in previous block)		94. DEPENDENTS (If not indicated in previous block)	
95. DEPENDENTS (If not indicated in previous block)		96. DEPENDENTS (If not indicated in previous block)	
97. DEPENDENTS (If not indicated in previous block)		98. DEPENDENTS (If not indicated in previous block)	
99. DEPENDENTS (If not indicated in previous block)		100. DEPENDENTS (If not indicated in previous block)	

Select "EFT".

Member's physical address.

Dependents who evacuated. (Must be listed on the orders.)

Itinerary will begin with address prior to evacuation and show locations traveler evacuated to (Reason for stop is "TD". Itinerary must end with traveler returning back to home address.

If claiming POV mileage, fill out block 15.f.

Expenses you want reimbursed such as lodging cost.

Select who evacuated.

Dependents address prior to evacuation.

Information you want disbursing to know.

Member and Unit AO must sign and date.