

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**U.S. COAST GUARD LIFESAVING AWARD**

**For rescues or attempted rescues from drowning, shipwreck or other perils of the water.**

**INCIDENT INVESTIGATION REPORT**

Ref. (a) 14 USC 500  
(b) Coast Guard Medals and Awards Manual (COMDTINST M1650.25 series) Section 4-B

**SUMMARY OF INCIDENT:** (Continue on separate page as needed)

Per 14 USC 500, if answer is yes to any of the following, the incident is eligible for further investigation and appropriate recommendations.

- Did the incident take place in waters within the United States or subject to U.S. jurisdiction?  Yes  No
- Was the rescuer a United States citizen?  Yes  No
- Was the person rescued a United States citizen?  Yes  No
- Did the incident involve a vessel or aircraft owned by a United States citizen?  Yes  No

<b>Name of nominee:</b>	<b>Additional Parties and Witnesses:</b>
Name _____	Name _____
Street _____	Street _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____
E-Mail _____	E-Mail _____
(Continue on separate page as needed)	(Continue on separate page as needed)

Describe the capabilities, skills and qualifications of the rescuer. (Continue on separate page as needed)

Environmental Conditions: (On scene weather, sea state, air/water temperature; continue on separate page as needed)

List of Attachments: (Check and attach all credible supporting documentation)

- |  |   |
|--|---|
| <input type="checkbox"/> Police Report (local police/sheriffs' office) | <input type="checkbox"/> Affidavit(s)               |
| <input type="checkbox"/> Witness Accounts                              | <input type="checkbox"/> Newspaper Articles         |
| <input type="checkbox"/> Coroner's Report                              | <input type="checkbox"/> U.S. Coast Guard Report    |
| <input type="checkbox"/> Federal Agency Reports                        | <input type="checkbox"/> Clips from TV/Radio Report |
| <input type="checkbox"/> CG Awards Recommendation Form (CG-1650)       | <input type="checkbox"/> Other: _____               |

**RECOMMENDED AWARD:**  Gold  Silver  Other: \_\_\_\_\_

**Investigating Unit:** \_\_\_\_\_

**Investigating Officer:** \_\_\_\_\_ **Grade/Office:** \_\_\_\_\_

(Check one):  USCG  USCGR  USCG Auxiliary  Civilian

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FINAL ACTION (For Headquarters Use Only)**

