

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

**INJURY REPORT FOR NOT MISCONDUCT
AND IN LINE OF DUTY DETERMINATION**

To: COMMANDANT (G-LGL) WASHINGTON, DC 20593-0001		Via: COMMANDER, MLC _____ or COMMANDER, _____ Coast Guard District	
From (Name of Reporting Command):		Send a Copy to (Individual's Own Command if Report is Made by Another Activity):	
1. NAME (Last, First, Middle Initial)	2. SERVICE NUMBER	3. GRADE	4. <input type="checkbox"/> USCG <input type="checkbox"/> USCGR
5. FIRST SEEN BY MEDICAL OFFICER	Date:	Time:	Place:
6. DIAGNOSIS			
7. CONDITION OF INDIVIDUAL AT TIME OF EXAMINATION	A. Under Influence of: <input type="checkbox"/> Alcohol <input type="checkbox"/> Barbiturates <input type="checkbox"/> Narcotics <input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> B. Not Under the Influence of Anything Listed in Item 7A <input type="checkbox"/> C. Unable to Determine Due to Physical Condition
8. BASIS FOR OPINION IN 7A OR 7B ABOVE	A. Clinical Findings (Specify): B. Blood Specimen for Alcohol Determination: Type of Test: Time Taken: Result: <input type="checkbox"/> Was Taken <input type="checkbox"/> Was not Taken		
C. Any Other Tests (Specify):			
9. ALLEGED CIRCUMSTANCES INITIALLY REPORTED			
10. IT IS POSSIBLE THAT THE FOLLOWING MAY RESULT IN <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent Partial <input type="checkbox"/> Permanent Total		11. ESTIMATED LOSS OF TIME FROM DUTY AS A RESULT OF INJURY	
12. AT THE TIME OF OCCURRENCE, THE INDIVIDUAL CONCERNED WAS <input type="checkbox"/> Present for Duty <input type="checkbox"/> Leave or Liberty <input type="checkbox"/> Absent without Authority (Complete A & B)	Period of Absence: From (Date & Time): _____ at _____ To (Date & Time): _____ at _____ A. Individual was Absent without Authority from: <input type="checkbox"/> Place of Duty <input type="checkbox"/> Restriction <input type="checkbox"/> Arrest		
B. Absence Materially Interfered with Military Duty: <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. THE INDIVIDUAL CONCERNED WAS <input type="checkbox"/> In a Military Vehicle <input type="checkbox"/> As Operator <input type="checkbox"/> Performing Military Duty <input type="checkbox"/> In a Military Aircraft <input type="checkbox"/> As Crew Member <input type="checkbox"/> Participating in Service Planned Recreation <input type="checkbox"/> In a Civilian Vehicle <input type="checkbox"/> As Passenger <input type="checkbox"/> Other (Specify): _____			



Name: _____ **SSN:** _____ **Date:** _____

14. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE *(Include Time, Date, & Place, & if Injured Person is a Member of Reserve Component Attach Copy of Orders)*

15. SOURCES OF INFORMATION *(List Names & Addresses of Witnesses; Identify Documents or Other Evidence)*

16. Remarks

It is the opinion of the undersigned that the injury in question was incurred in the line of duty, & **not** as the result of subject man's own misconduct.

Signature of Individual Making the Inquiry	Signature & Rank of Commanding Officer (or One Authorized to Sign by his Direction)
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FORWARDED APPROVED

APPROVED

Signature of District/MLC Commander	Signature of Chief Counsel, U.S. Coast Guard
By Direction	By Direction

