DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

RCN 6010-1

REPORT OF POTENTIAL THIRD PARTY LIABILITY

INSTRUCTIONS: Complete all blocks to the best of your knowledge. If unknown or not applicable, leave blank. Mail original to Commandant (G-W RP -2).

SECTION 1 - IDENTIFICATION OF INJURED PERSON

A. NAME (Last, First and Middle Initial)	B. SSAN	C. RANK/RATE	D. WORK TELEPHONE ☐ FTS ☐ COMM
E. HOME ADDRESS (Include zip code)		F. DATE OF BIRTH	G. HOME TELEPHONE
H. STATUS OF BENEFICIARY ☐ Active Duty ☐ Reserve ☐ Retried ☐ Dependent (Complete Section 2 below) ☐ Auxiliary		I. UNIT NAME	J. BRANCH OF SERVICE

SECTION 2 - IDENTIFICATION OF SPONSOR

(Complete only if injured person is a dependent; otherwise, leave blank)

A. NAME (Last, First and Middle Initial)	B. SSAN	C. RANK/RATE	D. WORK TELEPHONE ☐ FTS ☐ COMM
E. HOME ADDRESS (Include zip code)			F. HOME TELEPHONE
G. STATUS OF SPONSOR ☐ Active Duty ☐ Reserve ☐ Retried		H. UNIT NAME	I. BRANCH OF SERVICE

SECTION 3 - ACCIDENT DATA

A. ACCIDENT INFORMATION (Include zip code with addresses): ☐ Automobile (city/state): ☐ Job Related (employers name/address): ☐ Property Related (owners name/address):	B. DATE AND TIME
C. BRIEFLY DESCRIBE THE ACCIDENT (Include who caused the injury and how it happened):	

SECTION 4 - ATTORNEY INFORMATION

A. NAME OF YOUR ATTORNEY	B. ADDRESS (Include zip code)	C. TELEPHONE NUMBER

SECTION 5 - AMBULANCE SERVICE

A. NAME OF AMBULANCE SERVICE	B. ADDRESS (Include zip code)	C. TELEPHONE NUMBER

MAIL TO:

Commandant (G-W RP-2)
U.S. Coast Guard
2100 2nd St. S.W.
Washington, DC 20593-0001

PRIVACY ACT STATEMENT

Sections 2651-2563 of Title 42 to the U.S. Code authorize collection of this information. Furnishing the Social Security No. is empowered by Exec. Order 9397 and is mandatory to identify authorized beneficiaries. This information is principally used to document incidents that lead to injured party(ies) receiving medical care at the expense of the U.S. Coast Guard. Routine uses include lawful enforcement and investigations for recovery from third party liability. **If the requested information is not furnished, recovery of Federal funds may be hampered, possibly limiting continued delivery of comprehensive health care.**

SECTION 6 - MOTOR VEHICLE ACCIDENT

(DATA PERTAINING TO VEHICLE IN WHICH YOU WERE DRIVING OR RIDING)

A. NAME OF DRIVER Military? ☐ Yes ☐ No	B. HOME ADDRESS (Include zip code)	C. WORK TELEPHONE ☐ FTS ☐ COMM
D. NAME OF OWNER Military? ☐ Yes ☐ No	E. YEAR/MAKE/MODEL OF AUTOMOBILE	F. LICENSE PLATE NUMBER
G. OWNER'S INSURANCE COMPANY AND POLICY NUMBER	H. ADDRESS (Include zip code)	I. TELEPHONE NUMBER
J. NAMES OF INJURED PASSENGER(S)	K. ADDRESS(ES) (Include zip code)	L. TELEPHONE NUMBER(S)

(DATA PERTAINING TO OTHER VEHICLE)

M. NAME OF DRIVER Military? ☐ Yes ☐ No	N. HOME ADDRESS (Include zip code)	O. WORK TELEPHONE ☐ FTS ☐ COMM
P. NAME OF OWNER Military? ☐ Yes ☐ No	Q. YEAR/MAKE/MODEL OF AUTOMOBILE	R. LICENSE PLATE NUMBER
S. OWNER'S INSURANCE COMPANY AND POLICY NUMBER	T. ADDRESS (Include zip code)	U. TELEPHONE NUMBER

SECTION 7 - ALL OTHER ACCIDENTS

(DATA PERTAINING TO INSURANCE OTHER THAN AUTOMOBILE)

A. RESPONSIBLE PARTY'S INSURANCE COMPANY AND POLICY NUMBER	B. ADDRESS (Include zip code)	C. TELEPHONE NUMBER
D. TYPE OF INSURANCE ☐ Home Owners ☐ Personal Medical Insurance ☐ Workers Compensation		
E. INJURED PARTY'S INSURANCE COMPANY AND POLICY NUMBER	F. ADDRESS (Include zip code)	G. TELEPHONE NUMBER
H. TYPE OF INSURANCE ☐ Home Owners ☐ Personal Medical Insurance ☐ Workers Compensation		

SECTION 8 - MILITARY/CIVILIAN HOSPITALIZATION

A. NAME OF HOSPITAL(S)	B. ADDRESS(ES) (Include zip code)	C. DATE(S) OF TREATMENT From To	D. PAYMENT MADE BY: ☐ Self ☐ Insurance ☐ Champus
		From To	☐ Self ☐ Insurance ☐ Champus

SECTION 9 - MILITARY/CIVILIAN DOCTORS/DENTISTS

A. NAME OF DOCTOR(S)	B. ADDRESS(ES) (Include zip code)	C. DATE(S) OF TREATMENT From To	D. PAYMENT MADE BY: ☐ Self ☐ Insurance ☐ Champus
		From To	☐ Self ☐ Insurance ☐ Champus
		From To	☐ Self ☐ Insurance ☐ Champus

E. IS TREATMENT COMPLETE? ☐ YES ☐ NO IF NO, WHEN DO YOU EXPECT IT TO BE COMPLETE?