

U.S. DEPARTMENT OF
HOMELAND SECURITY
U. S. COAST GUARD
CG-3822 (REV. 7-06)

INJURY REPORT
FOR NOT MISCONDUCT AND IN LINE OF DUTY DETERMINATION
Submit typewritten original to the COMMANDANT (GLGL)

FROM (Name of reporting Command)

TO: **COMMANDANT (G-LGL)**
WASHINGTON, DC 20593-0001

VIA: COMMANDER, MLC
COMMANDER, (e) or
COAST GUARD DISTRICT (dl)

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
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5. FIRST SEEN BY MEDICAL OFFICER	DATE	TIME	PLACE
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6. DIAGNOSIS

7. CONDITION OF INDIVIDUAL AT TIME OF EXAMINATION

<p>A. UNDER INFLUENCE OF</p> <p><input type="checkbox"/> ALCOHOL <input type="checkbox"/> BARBITURATES</p> <p><input type="checkbox"/> NARCOTICS <input type="checkbox"/> OTHER (specify)</p>	<p>B. <input type="checkbox"/> NOT UNDER THE INFLUENCE OF ANY LISTED IN ITEM 7A</p> <p>C. <input type="checkbox"/> UNABLE TO DETERMINE DUE TO PHYSICAL CONDITION</p>
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8. BASIS FOR OPINION IN 7A OR 7B ABOVE

A. CLINICAL FINDINGS (specify)

B. BLOOD SPECIMEN FOR ALCOHOL DETERMINATION	TYPE OF TEST	HOUR 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 DISABILITY MAY RESULT

TEMPORARY PERMANENT PARTIAL PERMANENT TOTAL

11. ESTIMATED LOSS OF TIME FROM DUTY AS A RESULT OF INJURY

12. AT THE TIME OF THIS OCCURRENCE THE INDIVIDUAL CONCERNED WAS

PRESENT FOR DUTY LEAVE OR LIBERTY ABSENT WITHOUT AUTHORITY (complete A & B)

A. INDIVIDUAL WAS ABSENT WITHOUT AUTHORITY FROM	PERIOD OF ABSENCE	B. ABSENCE MATERIALLY INTERFERED WITH MILITARY DUTY
<input type="checkbox"/> PLACE OF DUTY	FROM (Hour & date):	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> RESTRICTION	TO (Hour & date):	
<input type="checkbox"/> ARREST		

13. THE PERSON CONCERNED WAS

PERFORMING MILITARY DUTY IN A MILITARY VEHICLE AS OPERATOR OTHER (Specify)

PARTICIPATING IN SERVICE PLANNED RECREATION IN A MILITARY AIRCRAFT AS CREW MEMBER

IN A CIVILIAN VEHICLE AS PASSENGER

14. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE: *(Include time, date and place, and if injured person is member of reserve component attach copy of orders).*

15. SOURCES OF INFORMATION *(List names and 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, and not as the result of subject man's own misconduct.

SIGNATURE OF INDIVIDUAL MAKING THE INQUIRY

SIGNATURE AND RANK OF COMMANDING OFFICER (OR ONE AUTHORIZED TO SIGN BY HIS DIRECTION)

FORWARDED APPROVED

APPROVED

SIGNATURE OF DISTRICT/MLC COMMANDER

SIGNATURE OF CHIEF COUNSEL, U.S. COAST GUARD

BY DIRECTION

BY DIRECTION