

**AUXILIARY FACILITY LOSS OR DAMAGE
CLAIM WORKSHEET**

PART I - INSTRUCTIONS:

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| 1. Report Damage or Loss to your Operational Commander within 24 hours. |
| 2. Report Damage to Director of Auxiliary Office within 48 hours. |
| 3. Review Damage Claim Procedures in enclosure (1) to MLCLANTINST 5890.3A (Auxiliary Claims Handbook). |
| 4. Print or Type all required information (use additional sheets as necessary) |
| 5. Read Privacy Act Statement in PART XI before completing this worksheet. |
| 6. Submit this form along with all supporting documents to DIRAUX via your Operational Commander (claim should be submitted within 6 months from date of damage unless good cause is shown for delay). |

PART II - CLAIMANT AND FACILITY INFORMATION:

NAME:		SSN:	
STREET:		MEMBER NUMBER:	
CITY:	STATE:	ZIP:	
FACILITY NAME:		TELEPHONE:	
ARE YOU CURRENTLY ENROLLED IN DIRECT DEPOSIT?		YES _____	NO _____
IF NOT ENROLLED IN DIRECT DEPOSIT, PLEASE ATTACH A COPY OF A CHECK MARKED "VOID".			

PART III - TIME AND PLACE OF LOSS:

DATE:	TIME:	PATROL AREA:	GROUP:
LOCATION (latitude/longitude or distance from nearest point of land or light)			
COURSE (TRUE)	SPEED (KNOTS)	APPROX TIME SINCE LAST COURSE CHANGE:	

PART IV - WEATHER CONDITIONS:

CLEAR _____	RAIN _____	PARTLY CLOUDY _____	OVERCAST _____	FOG _____
LIGHTING CONDITIONS:	DAYLIGHT _____	NIGHT _____	DUSK/DAWN _____	
SEAS (feet):	WIND (knots):	VISIBILITY (miles):	TIME OF LAST HIGH TIDE:	
WERE SMALL CRAFT WARNINGS IN EFFECT?	YES _____	NO _____	UNKNOWN _____	

PART V - DAMAGE TO AUXILIARY FACILITY

TYPE OF LOSS OR DAMAGE ("X" ONE)	DAMAGE to Facility _____	DAMAGE to Equipment _____
	LOSS of Facility _____	LOSS of Equipment _____

DESCRIBE INCIDENT IN DETAIL, INCLUDING ACTION TAKEN BY CREW MEMBERS OF FACILITIES INVOLVED AND THE SPECIFIC IDENTIFIABLE PATROL CAUSE THAT CAUSED THE LOSS OR DAMAGE (USE SEPARATE SHEET OR ATTACH DIAGRAM TO SHOW DETAILS IF NEEDED):

DESCRIBE LOSS OR DAMAGE IN DETAIL:

DESCRIBE ANY TEMPORARY REPAIRS MADE TO FACILITY:

IF CLAIM IS FOR LOSS OF EQUIPMENT, DESCRIBE HOW THE EQUIPMENT WAS USED DURING THE ASSIGNED PATROL:

PART VI - DAMAGE TO OTHER FACILITIES/PROPERTY:

WERE OTHER AUXILIARY FACILITIES DAMAGED?		YES ____	NO ____
If yes: NAME OF FACILITY OWNER		ADDRESS (street, city, state, zip)	
FACILITY NAME/NUMBER:			
WAS OTHER PROPERTY DAMAGED (other vessel, wharf, bridge, etc.)?		YES ____	NO ____
IF YES: NAME OF OWNER:		ADDRESS (street, city, state, zip)	
DESCRIBE TYPE OF PROPERTY AND DAMAGE:			

PART VII - WITNESSES (other facilities/persons on scene):

CREW MEMBERS PRESENT AT TIME OF LOSS OR DAMAGE:		
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.

PART VII - WITNESSES (continued):

OTHER WITNESSES (attach additional sheets if needed):		
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.
NAME:	ADDRESS (street, city, state, zip)	AUXILIARY MEMBER NO.

PART VIII - INSURANCE:

NAME AND ADDRESS OF INSURANCE COMPANY (STREET, CITY, STATE, ZIP):			
POLICY NUMBER:	TYPE OF COVERAGE:	POLICY LIMITS:	DEDUCTIBLE:
HAVE YOU FILED A CLAIM WITH YOUR INSURER?		YES _____	NO _____
AMOUNT CLAIMED: \$	AMOUNT PAID: \$	PRESENT STATUS OF CLAIM:	

PART IX - INSPECTION OF DAMAGE BY COAST GUARD

WAS LOSS/DAMAGE REPORTED TO ORDER ISSUING AUTHORITY?	YES _____	NO _____
TIME AND DATE OF REPORT :		
WAS A PHYSICAL INSPECTION MADE?	YES _____	NO _____
INSPECTED BY (Name, Title, Unit, Telephone)		
DATE OF INSPECTION:		

PART IX - INSPECTION OF DAMAGE BY COAST GUARD (continued)

DESCRIPTION OF DAMAGE:
SIGNED:

PART X - SUBSTANTIATION OF CLAIM:

AMOUNT CLAIMED: (Normally amount of lower estimate; if not, give reasons on separate page)	
\$ _____	
ESTIMATE NO. 1: \$ _____	ESTIMATE NO. 2 \$ _____
1. ATTACHED ITEMIZED AND SIGNED ESTIMATES OF REPAIR OR REPLACEMENT COST. NOTE: IF THE AMOUNT CLAIMED IS OVER \$200, TWO ESTIMATES SHOULD BE PROVIDED. IF TWO ESTIMATES COULD NOT BE OBTAINED, GIVE THE REASON(S) WHY IN THE SPACE BELOW.	
2. IF CLAIM IS FOR TOTAL LOSS OF FACILITY/EQUIPMENT OR ESTIMATED REPAIR COST EXCEEDS THE FAR MARKET VALUE BEFORE DAMAGE LESS SALVAGE VALUE, ATTACH COPY OF ORIGINAL SALES DOCUMENTS AND ESTIMATE OF SALVAGE VALUE	
REASON WHY TWO ESTIMATES WERE NOT OBTAINED:	

IF I RECEIVE PAYMENT FROM AN INSURANCE CARRIER FOR ANY DAMAGE CLAIMED HEREIN AFTER THIS CLAIM IS SUBMITTED, I AGREE TO PROMPTLY NOTIFY MLC ATLANTIC (LC).	_____ (Initials)
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I FURTHER AGREE THAT ANY AMOUNT I RECEIVE FROM AN INSURANCE CARRIER MAY BE DEDUCTED FROM MY CLAIM AND, IF I HAVE RECEIVED PAYMENT FROM THE UNITED STATES, I AGREE TO IMMEDIATELY PAY TO THE UNITED STATES ANY AMOUNTS THAT EXCEED THE AMOUNT DEDUCTED FROM THE CLAIM BY THE UNITED STATES FOR INSURANCE PROCEEDS.	_____ (Initials)
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SIGNATURE OF AUXILIARIST:	DATE:
SIGNATURE OF FACILITY OWNER: (IF OTHER THAN AUXILIARIST)	DATE:

TITLE 18 UNITED STATE CODE SECTION 287 PROVIDES FOR A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT OF FIVE YEARS OR BOTH TO PERSONS MAKING FRAUDULENT CLAIM OR FALSE STATEMENTS
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NOTE: Remember to attach a copy of your Operational Orders, estimate(s) or copies of original sales documents, and other supporting documents.

PART XI - PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 USC 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD IN CONNECTION WITH THIS CLAIM:

1. Authority which authorized the solicitation of the information: 14 USC § 830
2. Principal purpose(s) for which information is intended to be used: To process a claim against the government for loss or damage to Auxiliary facility or equipment.:
3. The routine uses which may be made of the information: Information is used in the adjudication and payment of claims.
4. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and effects on the individual, if any, of not providing all or any part of the requested information: Disclosure of the information is voluntary, but failure to provide any or all of the information may result in nonpayment of the claim.