

YOUNG MARINES

Injury Report (PLEASE PRINT)

(Complete and mail to Young Marine National Headquarters, P.O. Box 70735 Southwest Station, Washington DC 20024-0735)

PART I: Injured Person's Personal Information

Today's Date _____

Last Name _____ First Name _____ Middle Initial _____
Age _____ Date of Birth ___/___/___ Social Security Number _____
Home Street Address _____
City _____ State _____ Zip Code _____
Parent/Guardian Name _____ Relationship _____
Home Telephone Number (____) _____ Work Telephone Number (____) _____
Was the parent or legal guardian notified of the injury? Yes No (circle one)
Was hospital/emergency care required? Yes No (circle one) if yes, please attach documents.

PART II: Young Marine Unit Information

Young Marine Unit Name _____
Commanding Officer's Name _____
Commanding Officer's Daytime Phone Number (____) _____

PART III: Describe the Injury & Circumstances Surrounding the Injury

Provide a short description of the injury or injuries: (use additional pages as needed.)

Date of the Injury _____ **Approximate Time of the Injury** _____
Location of where injury occurred _____
Provide a short description of how the injury occurred: (who, what, why, and how). Use back of this form or additional pages as needed.

PART IV: Commanding Officer or Registered Adult in-Charge Certification

I certify this injury occurred during a scheduled Young Marine activity and that the injury was not pre-existing and the activities did not involve undue risk outside the scope of the Young Marines Accident and Liability Insurance coverage. To the best of my knowledge the information provided is correct and true. CO/RAC
Signature _____ **Date** _____
CO/RAC Contact Telephone Number (____) _____

PART V: NHQ Review and Processing

Date Report was Received _____
Proof of Claim (Accident Medical Expense Form) attached? Yes No (circle one)
Medical Bills attached? Yes No (circle one)
Date Claim forwarded to Insurance Company _____
Date of Follow-up: _____ Remarks _____
Date of Follow-up: _____ Remarks _____