

FROM: \_\_\_\_\_

insert name of Ship Manager/General Agent on line above

TO: \_\_\_\_\_

On \_\_\_\_\_, we received your letter, dated \_\_\_\_\_, regarding an alleged incident of personal injury occurring aboard the U.S.-Government owned Ready Reserve Force vessel, as identified below:

Seaman:	
Social Security Number:	
Vessel:	
Date of incident:	
Description of alleged injury:	

This is to advise you that, should you wish to pursue an administrative claim, additional items of information are required, pursuant to 46 CFR Part 327, in order to process the claim. (A copy of the applicable provisions of 46 CFR Part 327 is attached for your reference.) This listing is intended solely as an aid in the preparation of an administrative claim. Those items of information currently on file are designated with a check mark. Please forward those items not checked at the earliest opportunity. This acknowledgment of receipt of documentation is not an admission of liability, or acceptance of contents, and does not confirm that you are in compliance with Title 46 CFR Part 327, as amended.

**A. REGARDING THE CLAIMANT**

- |   |  |
|---|--|
| <input type="checkbox"/> Full legal name        | <input type="checkbox"/> Current mailing address                     |
| <input type="checkbox"/> Date of birth          | <input type="checkbox"/> Current legal residence address             |
| <input type="checkbox"/> Place of birth         | <input type="checkbox"/> Merchant mariner license or document number |
| <input type="checkbox"/> Social Security Number |  |

**B. CIRCUMSTANCES DESCRIBING THE BASIS FOR THE ALLEGED INCIDENT**

- Name of vessel
- Vessel location/site of vessel
- Time of incident: hour/month/day/year
- Narrative of facts/circumstances
- Names of persons who can provide information regarding incident

**C. ALLOCATION OF DOLLAR DAMAGES CLAIMED**

- Past loss of earnings or earning capacity
- Future loss of earnings or earning capacity
- Medical expenses paid out of pocket
- Pain and suffering
- Any other loss (describe) arising out of the incident

**D. MEDICAL ILLNESS OR INJURY RECORDS**

- Records of any treating dentist/physician/clinic/hospital
- Authorization for release of medical records
- Names and addresses of any treating dentist/physician/clinic/hospital
- Certificates of Discharge or USCG MMDocs printout of sea service record
- Current & previous 2 calendar years W2 and incoming tax filings
- Copies of medical Not Fit For Duty certificates
- Copy of medical Fit For Duty/Maximum Medical Cure certificate

**E. INFORMATION ABOUT SEAMAN'S RE-EMPLOYMENT SUBSEQUENT TO RECUPERATION**

- Location and date of registry for reshipment
- Reshipment date/identity of vessel and employer
- If not reshipped, identity of employer/salary/date employed