INJURY REPORT

PLEASE PRINT

COMPLETE AND SEND COPY TO:
Young Marines National Headquarters
17739 Main Street, Suite 250
Dumfries, VA 22026-3256
Fax: (202) 315-3594
Email: patricia.borka@youngmarines.com

PLEASE SUBMIT INJURY REPORT TO YMNHQ WITHIN 30 DAYS OF ACCIDENT
INJURY REPORT AND ATTENDING PHYSICIAN'S STATEMENT FORMS MUST ACCOMPANY CLAIMS TO BE SUBMITTED TO HSR BY CLAIMANT

PART I – INJURED PERSON'S PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL

AGE	BIRTHDATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

HOME ADDRESS
Street City State Zip

PARENT/GUARDIAN NAME	RELATIONSHIP
PRIMARY TELEPHONE NUMBER	SECONDARY TELEPHONE NUMBER

Was the parent or legal guardian notified of the injury?
☐ YES ☐ NO

Was hospital/emergency care required?
☐ YES ☐ NO
If YES, please include Attending Physician's Statement and all documents.

PART II – YOUNG MARINES UNIT INFORMATION

YOUNG MARINES UNIT NAME	STATE	DIVISION

UNIT COMMANDER'S NAME

UNIT COMMANDER'S PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER

UNIT COMMANDER'S EMAIL

PART III – DESCRIBE INJURY & CIRCUMSTANCES SURROUNDING INJURY

PROVIDE A SHORT DESCRIPTION OF THE INJURY OR INJURIES:

_____

_____

(Use additional pages as needed)

DATE OF INJURY	APPROXIMATE TIME OF INJURY	LOCATION WHERE INJURY OCCURRED

PROVIDE A SHORT DESCRIPTION OF HOW THE INJURY OCCURRED: (Who, What, Why, and How)

_____

_____

_____

_____

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_____

(Use additional pages as needed)

PART IV – UNIT COMMANDER OR REGISTERED ADULT IN CHARGE CERTIFICATION

I certify this injury occurred during a scheduled Young Marines 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.

UC/RAC SIGNATURE X	DATE	UC/RAC PRIMARY PHONE NUMBER

PART V – YMNHQ REVIEW AND PROCESSING

DATE REPORT WAS RECEIVED	PHYSICIAN'S STATEMENT ATTACHED YES ☐ NO ☐	HSR CLAIM FORM ATTACHED YES ☐ NO ☐	DATE SIGNED CLAIM FORM RETURNED

DATE OF FOLLOW-UP REMARKS:	DATE OF FOLLOW-UP REMARKS: