

From: [Order Issuing Authority]

To: Commander, _____, Coast Guard District (____)

[Via: Directory of Auxiliary, _____ Region]

1. The following information is provided in connection with subject damage claim:

YES ___ NO ___ a. A physical inspection of the damage was conducted by the Coast Guard and a copy of the written report is attached (enclosure (1)).

YES ___ NO ___ b. A claim for Loss or Damage to an Auxiliary Facility Form, with supporting documentation, has been completed and is attached (enclosure (1)).

YES ___ NO ___ c. At the time the loss or damage was sustained, the facility was being operated within the scope of Coast Guard Patrol Authorization number (TONO) (enclosure (1)).

2. The following items concerning the necessity of a claims investigation apply as indicated:

YES ___ NO ___ a. The damage is typical for that type of operation.

YES ___ NO ___ b. The total amount of the damage claim is NOT more than \$750.00.

YES ___ NO ___ c. Coast Guard responsibility is clear.

YES ___ NO ___ d. There is no indication of third party involvement.

YES ___ NO ___ e. There is no indication of gross negligence on the part of the auxiliary owner/operator.

YES ___ NO ___ f. Necessary routine maintenance has been properly performed in a timely manner.

YES ___ NO ___ g. An investigation of this claim is required. (NOTE: A claim investigation is required if the answer to any of the above is "NO".)

Subj: REPORT OF CLAIM FOR LOSS OR DAMAGE TO U.S. COAST GUARD
AUXILIARY FACILITY [Facility Name] _____ ON [Date] _____
OWNED BY [Auxiliarist Name] _____

3. The following information, concerning my action on this claim, applies as indicated:

YES ___ NO ___ a. I have approved payment of reimbursable patrol expenses by appropriate endorsement on the original Auxiliary Patrol Authorization, and forwarded same for payment.

YES ___ NO ___ b. I have informed the Auxiliarist that he is authorized to commence repairs and that while repairs may be undertaken, final approval of the claim and the amount of reimbursement will be settled by the MLCLANT (lc) settlement officer.

4. I concur with the investigating officer and recommend that the portion of the claim extending to loss or damage be denied/approved in the amount of \$_____.

[NOTE: This paragraph is only a guide and should be modified as necessary to conform with your view of the Preliminary Inquiry Report/Report of Investigation. If your views are different from those of the PIIO/IO, so state. This paragraph is mandatory; a recommendation must be made.]

NAME
RANK, U. S. Coast Guard
TITLE

Encl: (1) (Letter Incident Report or ROI)