

Who may file a personnel claim?

Coast Guard members;
Coast Guard Reservists engaged in training;
Civilians employed by the Coast Guard;
Public Health Service Officers detailed to the Coast Guard;
Authorized agent (with Power of Attorney) or legal representative (with retainer agreement) for the previously-listed parties; or
Survivors of the previously-listed parties in the following order of preference:

1. o Spouse,
o Child/Children,
o Parent(s),
o Sibling(s).

•What damages are covered?

Damage to or loss of personal property sustained incident to service of the military member or civilian employee of the Coast Guard.

•What are some examples of “personal property”?

Cars, stereos, CDs, computers, furniture, books, photographs, pets, sporting equipment, etc.

•What does the term “incident to service” include?

- Property located at government-owned or leased housing or onboard a military installation that was damaged, lost, or destroyed by hurricane, flood, earthquake, fire, vandalism, theft, or other unusual occurrence (including electrical power outages you did not cause);
- Property damaged or lost while traveling under government orders;
- Property damaged or lost during the performance of duty to alleviate a public disaster to save lives; or
- Property damaged or lost in use that is necessary for the performance of official duties and is used at the express direction or request of a superior authority.

•If I have private insurance, do I need to file with my insurance company before filing a claim against the Coast Guard?

- Yes. If the property was covered by insurance, you need to first file with your insurance company. You may then file a damage claim with the Coast Guard for any damage or loss not covered by your insurer.
- You may submit a claim for any deductible amount not waived by your private insurance.

Note: You are responsible for repaying the Coast Guard any amount that you recover from your insurer.

•I am a military member who was involved in an accident, but I am not a claimant against the government. I am in the middle of discussing a private settlement. What should I be aware of?

- Military members who are involved in car accidents and receive settlements should contact Coast Guard headquarters (CG-LCL) before settling. The Coast Guard has the right to request reimbursement for any and all medical care provided as a result of a third party's action. It is in a military member's best interest to contact CG-LCL before any settlement to ensure all medical costs are included in the settlement amount. You may contact CG-LCL at (202)372-3740

•Will I be reimbursed for the full replacement cost of the damaged or lost property?

No. Personnel claims against the Coast Guard are paid on the depreciated value of the cost of the damaged or lost personal property.

•What forms are required for Personnel claims?

- Claims by military members or civilian employees of the Coast Guard are under Personnel Claims and should be submitted on the CG-4112. Personal Property Claim form, which is available here.
- [CG-4112](#) and [CG-4111](#) (page 2 only, which is an inventory sheet) need to be completed by you, or by your authorized agent or legal representative.
- [CG-4112A](#) needs to be completed by the Investigating Officer (i.e., assigned by your Command) and endorsed by your Command.

•When do I use CG 4111?

- The CG-4111 is used to:

*Document damage or loss arising from incidents other than the shipment of household goods. For such claims, complete Blocks 23b, 23c, 23e, and 23f. Attach the CG-4111 as supporting document to the completed CG-4112. **Blocks on p.2 of CG-4111***

FINCEN handles household goods claims. A link to their website can be found [here](#)

•**Examples of Personnel Claims that require a CG-4112?**

- My personal property got damaged at work.
- My personal property got damaged on base.
- My personal property got damaged on a non-CG base.
- My personal property, located in a Coast Guard designated location, was damaged during a natural disaster.


•**Where can I find a copy of the CG-4112, the Personal Property Claim Form?**

<http://www.dcms.uscg.mil/Our-Organization/Assistant-Commandant-for-C4IT-CG-6/The-Office-of-Information-Management-CG-61/Forms-Management/CG-Forms/>

•**Whom do I contact with additional questions?**

LSC-5E is solely responsible for the adjudication of all Coast Guard Personnel claims (except those arising from the transportation or storage of household goods (HHG)). Send Personnel claims directly to:

1. LSC-5E, Claims Division
Legal Service Command Norfolk
300 East Main Street, Suite 400
Norfolk, VA 23510-9100

23. DEMAND												
a. INVENTORY NUMBER	b. DESCRIPTION OF ITEM	c. NATURE AND EXTENT OF DAMAGE OR LOSS	d. EXCEPTIONS NOTED	e. DATE OF PURCHASE AND PURCHASE PRICE	f. REPLACEMENT COST OR COST OF REPAIR	g. APPROXIMATE WEIGHT	h. CARRIER/ CONTRACTOR LIABILITY	i. CARRIER/ CONTRACTOR RECOVERY	j. DEPRECIATION PERCENTAGE	k. COAST GUARD LIABILITY	l. RECOMMENDED ALLOWANCE	m. SETTLEMENT
<input type="checkbox"/> CHECK IF BLOCK 23. IS CONTINUED AND ENTER SUB-TOTALS <input type="checkbox"/> CHECK IF BLOCK 23. IS NOT CONTINUED AND ENTER TOTALS						0 0	0 0	0 0	0 0	0 0	0 0	0 0
REMARKS												

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4112 (Rev. 6-04)		PERSONAL PROPERTY CLAIM <i>(For use in submitting claims under 31 U.S.C. 240-243)</i> <i>(Submit original and 2 copies typed if practicable)</i> <i>(See CLAIMS MANUAL, Enclosure 5)</i>		1. DATE	
2. FROM			3. GRADE OR RATE		4. SSN
5. TO					
6. VIA					
7. CURRENT DUTY STATION				8. AMOUNT OF CLAIM	
9. STATUS OF CLAIMANT AT TIME OF DAMAGE OR LOSS <i>(If changed since, explain.)</i> <div><input type="checkbox"/> MEMBER, USCG OR USCGR</div> <div><input type="checkbox"/> EMPLOYEE OF USCG</div> <div><input type="checkbox"/> OTHER <i>(Specify)</i></div>					
10. Claim is made in the above amount for personal property damaged or lost incident to service. I hereby assign to the U.S., to the extent of any payment of this claim accepted by me, all my right, title and interest in and to any claim I may have against any carrier, insurer or other party, arising out of the incident(s) described herein and will, upon request, furnish evidence as may be required to enable the U.S. to enforce such claim. <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>					
11. I further agree to the checkage of my pay accounts by the U.S. to the extent of any payments made to me by a carrier, insurer, or other party for which I am also reimbursed by the U.S. in settlement of this claim. <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>					
12. All applicable certificates, statements, orders, and other documents required are attached hereto. <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>					
13. In the event any of the property for which this claim is made is later recovered, or reimbursement is received from the carrier, insurer, or other party, I agree to give written notice immediately to the settlement authority to whom this claim was presented. <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>					
14. Have you made another claim against the U.S. based on - a. the damage or loss of any of the property for which this claim is made, or b. the incident described in Block 16. <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO <i>(If "YES", explain.)</i></div>					
15. Was demand for this loss or damage made against the common carrier? <i>If "YES", enclose copies of demand and action, if any, taken by carrier.</i> <i>(If "NO", explain.)</i> <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>			AMOUNT CLAIMED		AMOUNT RECOVERED
a. Do you have personal property insurance? <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div> <i>If "YES", was the property for which this claim is made insured?</i> <i>(If "YES", attach correspondence with letter.)</i> <i>(If "NO", explain or attach portion of policy excluding the property.)</i> <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>			AMOUNT CLAIMED		AMOUNT RECOVERED
b. Have the carrier and insurer been requested to address all correspondence to you in care of the settlement authority to whom this claim is presented? <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>					
16. REMARKS Including the date, place, facts, and circumstances of the incident causing the damage or loss are stated below. <i>(State facts in detail, adding additional sheets if necessary.)</i>					
17. ADDRESS TO WHICH CHECK IS TO BE MAILED			18. I make this claim with full knowledge of the penalties involved for willfully making a false claim <i>(Title 18 U.S. Code Section 287 provides for maximum fine of \$10,000 or imprisonment for 5 years or both.)</i> <div><input type="checkbox"/> YES</div> <div><input type="checkbox"/> NO</div>		
			19. SIGNATURE OF CLAIMANT (OR AGENT)		