

**STATEMENT OF INJURED PARTY - NON-VEHICLE RELATED INJURIES**

*(This form is subject to the Privacy Act of 1974. See reverse.)*

NAME OF INJURED PARTY (Last, First, Middle Initial)		NAME OF SPONSOR	
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ADDRESS OF INJURED PARTY			SPONSOR RANK/GRADE
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HOME TELEPHONE NUMBER	DUTY PHONE NUMBER	SPONSOR'S SSN	SPONSOR'S BRANCH OF SERVICE
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PLACE OF ACCIDENT (Address)

DATE AND TIME OF ACCIDENT

PROPERTY OWNER'S NAME WHERE ACCIDENT OCCURRED	TELEPHONE NUMBER OF PROPERTY OWNER
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PROPERTY OWNER'S ADDRESS

DOES PROPERTY OWNER HAVE HOME/FARM OWNER'S/RENTER'S INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POLICY NUMBER
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IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY

DID THIS INJURY OCCUR WHILE ON THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE EMPLOYER'S NAME AND ADDRESS
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DESCRIBE IN YOUR OWN WORDS HOW THE INCIDENT/ACCIDENT OCCURRED

NUMBER OF HOSPITAL VISITS	NUMBER OF OUTPATIENT DAYS	NUMBER OF INPATIENT DAYS	IS TREATMENT COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF NO, HOW MUCH FUTURE TREATMENT IS EXPECTED?

IF YOU HAVE BEEN CONTACTED BY ANY INSURANCE COMPANY IN THIS MATTER, GIVE NAME OF COMPANY AND NAME OF ADJUSTER.

IF YOU HAVE RETAINED THE SERVICES OF AN ATTORNEY TO REPRESENT YOU IN THIS MATTER, GIVE ATTORNEY'S NAME, ADDRESS AND TELEPHONE NUMBER

GIVE NAME, ADDRESS AND POLICY NUMBER OF MEDICAL, HEALTH OR ACCIDENT INSURANCE (including school or football insurance) THAT THE INJURED PARTY MIGHT BE ENTITLED TO

DATE	SIGNATURE OF INJURED PARTY (Signature of Sponsor if injured party is a minor)
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IF ADDITIONAL SPACE IS REQUIRED, USE THE REVERSE SIDE OR ATTACH A SEPARATE SHEET.

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

PRIVACY ACT STATEMENT

1. *Authority. 10 U.S.C. 8013 - Secretary of the Air Force: Duties 42 U.S.C. 2651-53 - Medical Care Recovery Act Executive Order 11060, 9 November 1962, and 28 CFR 43 - Recovery of Cost of Medical and Hospital Care and Treatment Furnished by the United States.*
2. *Principal Purpose(s). To provide information to support the collection of hospital expenses on behalf of the United States Government under 41 U.S.C. 2651-53 or applicable states laws, or both. The disclosure of social security numbers is an aid in identification of persons and file involved.*
3. *Routine Uses. To provide evidence upon which suits at law may be prosecuted by the Justice Department or individual counsel. Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force in AFP 4-376.*
4. *Whether Disclosure is Mandatory or Voluntary and Effect on Individual of not providing Information. Disclosure of this information is mandatory. A failure to disclose the requested information may result in withholding of medical information and documentation in the hands of the United States. Additionally, the United States may intervene in your action to recover its costs, require you to assign your medical care claim to the United States to the value of the care provided by the Government, or the United States may exercise its right to sue the third party independently of your action and without coordination with your attorney.*

REMARKS