

| SECTION III. PERSONNEL ACCIDENT INFORMATION | | | | |
|---|-------------------|--|--|--|
| 27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING | | 27a. Name (Last, First, Middle Name) 27b. Address (City, State, Zip Code) | | 27c. Status <input type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other |
| 28. Birth Date | 29. Telephone No. | 30. Job Position | | 31. (Check here if off duty) <input type="checkbox"/> |
| 32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.) | | | | |
| 33. Person's Time A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED - | | | YEAR(S) _____ MONTH(S) _____ _____ _____ _____ | 34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) 35. Was the Injured Person Incapacitated 72 Hours or More? 36. Date of Death |
| 37. Activity of Person at Time of Accident | | | | |
| 38. Specific Location of Accident on Vessel/Facility | | | | |
| 39. Type of Accident (Fall, Caught between, etc.) | | | 40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) | |
| 41. Part of Body Injured | | | 42. Equipment Involved in Accident | |
| 43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury. | | | | |
| SECTION IV. DESCRIPTION OF CASUALTY | | | | |
| 44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary). | | | | |
| 45. Witness (Name, Address, Telephone No.) | | | | |
| 46. Witness (Name, Address, Telephone No.) | | | | |
| SECTION V. PERSON MAKING THIS REPORT | | | | 47c. Title |
| 47. Name (PRINT) (Last, First, Middle) | | 47b. Address (City, State, Zip Code) | | 47d. Telephone No. |
| 47a. Signature | | | | 47e. Date |
| FOR COAST GUARD USE ONLY | | | REPORTING OFFICE: | |
| APPARENT CAUSE: | | | | |
| CASUALTY CODE A B C | | INVESTIGATOR (Name) | DATE | APPROVED BY (Name) |
| | | | | DATE |