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| PASSENGER ACCIDENT REPORT | | | | | | | | | | | | | | | | |
| PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS |  |  |  |  |  |  |  | | | | | | | | | |
| INSTRUCTIONS FOR COMPLETING ACCIDENT REPORT FORM   1. At the time of the initial consultation, the Doctor is to complete SAF13A for all passenger accidents (including minor injuries). 2. The Doctor is to inform the OOW by phone immediately and this form taken to the bridge at the first opportunity. 3. Whenever possible, the Doctor is to give SAF13B to the passenger at the time of the consultation and the passenger asked to complete it in his or her own handwriting. The passenger may be given a copy of SAF13B only. 4. SAF13C is to be completed by any witnesses to the accident. 5. The accident is to be investigated immediately by the OOW or the Patrolman. 6. In the case of a serious accident (or an accident that may create liability to the vessel or its owner) 7. the Safety Officer is to be alerted and he is to carry out an immediate initial investigation and 8. the Owner's/Charterer's Insurance Manager and the Company Safety Department are to be advised immediately. 9. SAF13D is to be completed by the Safety Officer. 10. The above completed forms are to be distributed as follows :   ORIGINAL - Owner's/Charterer's Insurance Manager  COPY - Safety Department, Company office  COPY - Ship's File   1. Reports are to be dispatched within two weeks.   ALL ENTRIES ARE TO BE MADE IN LEGIBLE BLOCK CAPITALS OR TYPED. |  |  |  |  |  |  |  | | | | | | | | | |
| PASSENGER ACCIDENT - DOCTOR'S REPORT |  |  |  |  |  | | | | | | | | | | Report No. (e.g. DIA/001/00/P)       /P |  |
| Ship | | | | | | | | | | | | | | | Cruise No. | |
| Full Name |  |  |  |  |  | | | | | | | | | | Cabin No. |  |
| Passenger Embarked In |  |  |  |  |  | | | | | | | | | | Date |  |
| Due to Disembark At |  |  |  |  |  | | | | | | | | | | Date |  |
| Home address and Telephone No. of Injured person | | | | | | | | | | Name and home address of person accompanying injured person. | | | | | | |
|  | | | | | | | | | | Relationship to Injured person | | | | | | |
| Nationality |  | | | | | | | Occupation |  | | | | Marital status |  | | |
| Date of accident |  |  | | | | | | | | Time of accident |  |  | | | | |
| Person accident reported to |  |  |  |  |  | | | | | | | | | | | |
| Date accident reported |  |  | | | | | | | | Time accident reported |  |  | | | | |
| Name, Rank/Rating of any witnesses to the accident (including crew, passengers and any other persons in the area). |  |  |  |  |  | | | | | | | | | | | |
| What statement **did the Injured Person** make (at the time of reporting) as to the circumstances and cause of the accident? |  |  |  |  |  | | | | | | | | | | | |
| Where did the accident occur? |  |  |  |  |  | | | | | | | | | | | |
| Give in detail the nature and extent of the injury as related **by the Injured Person**. |  |  |  |  |  | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Was first aid administered and, if so, by whom? |  |  | | | If applicable, was resuscitation equipment available and from where? |  |  | | | |
| If applicable, was the child under adult supervision? | | | |  | If relevant, describe shoes worn by injured person. | | | | | |
| Was Injured person under alcohol/ intoxicant influence at time of initial examination/accident? | | | |  | If yes, how much alcohol had been consumed? | | | | | |
| Does the Injured Person normally wear spectacles? |  | | |  | If yes, were spectacles worn at time of accident? |  | | | |  |
| Doctor's diagnosis. |  |  | | | | | | | | |
| Treatment on board. |  |  | | | | | | | | |
| Number of visits with dates. |  |  | | | | | | | | |
| Indicate period of incapacity and when the Injured Person will return to normal activity? |  |  | | | | | | | | |
| Was the Injured Person sent to a shore doctor? | | |  | | | | | Were tests/x-ray recommended? |  | |
| If so, give the name and address of the hospital or doctor and attach their reports. |  | | | | | | | State results of tests/x-ray if known. | | |
| Prognosis. If injured person disembarked from ship indicate when and where they disembarked. |  |  | | | | | | | | |
| Remarks |  |  | | | | | | | | |
| Doctor’s Full Name | | | | | Signature | | | | | |