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| **CREW 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 SAF14A for all crew 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 SAF14B to the crewmember at the time of the consultation and the crewmember instructed to complete it. 4. SAF14C 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:  * the Safety Officer is to be alerted and he is to carry out an immediate initial investigation and * the Company Safety Department is to be advised immediately.  1. SAF14D is to be completed by the Safety Officer. 2. The completed report is to be distributed as follows :   ORIGINAL - Safety Department, the Company  COPY - Owner’s/Charterer’s Insurance Manager  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. | | |
| CREW ACCIDENT - DOCTOR'S REPORT | | Report No. (e.g. DIA/001/00/C)       /C |
| Ship | | Cruise No. |
| Full Name | | Crew No. |
| Rank/Rating | Nationality | |
| 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? |  | | | | Was resuscitation equipment available, if so, from where? |  | | |
| Was the injured person at their authorised place of work at the time of the accident? | | | |  | If relevant, describe shoes worn by injured person. | | | |
| Was Injured person under alcohol/intoxicant influence at time of initial examination/accident? | | | |  | 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, date work ceased and date returned to work. |  |  | | | | | | |
| 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. | |
| Give prognosis. If person disembarked from ship indicate where and when. |  |  | | | | | | |
| Remarks |  |  | | | | | | |
| Doctor’s Full Name | | | | | Signature | | | |