

DOUGLAS

LAMBERT INSURANCE SERVICES

ACCIDENT/INCIDENT REPORT

GENERAL INSTRUCTIONS: This information sheet is to be completed on all cases wherein a complaint is made of a fall, trip, slip, or obvious injury. Get as much information as possible from the person who made that crewperson aware of the matter. WITNESSES ARE IMPORTANT! We need more than just a description from them—we need witnesses' NAMES, ADDRESSED & PHONE NUMBERS! This information is to be as complete as possible and is the Skipper's responsibility to gather for the vessel's owners and underwriters. **Do not hesitate to bring a passenger back to the landing after any complaint of injury—a person in need of medical care may not be aware of how serious it may be.** The Skipper should always advise the proper authorities in the event of an incident that may even remotely require medical attention. Also see our guidelines in the event of a loss.

Injured Person's Name: _____ Passenger Crewmember

Address _____ Phone: _____

Vessel's Name: _____ Captain's Name: _____

Date of Incident: _____ Time of Incident: _____ Location: _____

Vessel Owned by: _____ No. of Passengers Aboard _____

Contact Person: _____ Phone # _____

How was the skipper notified? _____

Who saw the occurrence: _____

Was incident/accident entered into vessel's log? _____ Authorities contacted: _____

Was medical treatment necessary? Yes No Explain: _____

Weather conditions at the time: _____ Sea conditions at the time: _____

If crew injury, did they lose time from work? Yes No Date returned to work _____

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If vessel claim, please describe incident and loss:

If personal injury, please describe incident:

Person completing this report: _____

Date of report: _____

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Please use back of this sheet for further incident/injury description. Also, list witness names, addresses, and phone numbers on back.