

## Accident / incident report

Motor Vessel
Date

Port
Agent

### Abstract of ship's logbook:

<b>Injured person</b> Full name:	First name(s):
Date of birth: Male / female	Citizenship:
Full address:	

<b>Accident</b> Date: ____ / ____ / ____ day    month    year	Local time: _____
Port / sea:	Exact location:
Activity of injured person at time of accident: Ordered by:	
Accident reported at ____ hours on ____ / ____ / ____ to ____ day    month    year    name and rank	
Area of accident and/or equipment inspected by:	
Name and grade of witnesses belonging to the crew:	
Name and address of witnesses not belonging to the crew:	
P&I representative informed – name of representative of surveyor conducting investigation:	
Has the responsible party held liable? If so, please attach copy. If not, please state name and address of responsible party:	
Name and signature of Master:	

### To be filled in by the doctor

Admitted into hospital or repatriation? If admitted into hospital please state name / address / phone number etc. of the hospital.
Unfit for duty: no / yes, for _____ days