Report of Accident

Coastal Marine Fund
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Crew Member Statement
Statement of Injured Crew Member

Note: **Do not** decide who is at fault. This is not an issue to be decided on board. Simply state what happened.

Vessel name: _____

Crew member's full legal name: _____

Home address: _____
city *state* *zip*

Telephone: _____ Social Security Number: _____

Employment dates (MMDDYY): _____ to (MMDDYY): _____

Date of injury: _____ Time: _____ (AM/PM) Vessel location: _____

Sea state: _____ Weather: _____ Wind speed/direction: _____

Vessel course: _____ Date reported to master: _____

Location of accident on board vessel: _____

Describe in detail what happened: _____

_____

(Please use reverse side if necessary)

What part of your body was injured? (right/left) _____

_____

Was treatment received on vessel? _____ Yes _____ No By whom? _____
Did you lose consciousness? _____ Yes _____ No For how long? _____
Were you placed ashore? _____ Yes _____ No If yes, date: _____

Medical treatment received (doctor, medical facility, etc.) _____

_____

Have you ever had the same or a similar injury? Explain: _____

_____

Witnesses: Name _____ Address _____

Phone number or relative's number _____

Name _____ Address _____

Phone number or relative's number _____

Name _____ Address _____

Phone number or relative's number _____

Notice: Please fill in <u>all blanks</u>. This information is being used to help track losses. Your cooperation is crucial.

Signature: _____ Date: _____