PERSONAL INJURY WITNESS REPORT

(To be completed by Witness to Injury)

NAMEOF WITNESS:	(Check one) Passenger 🗆 Crew 🗆
NAME OF PERSON INJURED:	VESSEL:
DATE OF ACCIDENT:	_ TIME OF ACCIDENT:
EXACT LOCATION WHERE ACCIDENT OCCUR	RED:
PLEASE GIVE A DETAILED DESCRIPTION OF T	HE ACCIDENT (use back of page if necessary)
WHAT WERE YOU DOING AT THE TIME OF TH	HE ACCIDENT?
HOW FAR WERE YOU FROM THE INJURED PE	ERSON?
GIVE IDENTITY OF ANY OTHER WITNESSES:	
NAME/ADDRESS:	PHONE:
NAME/ADDRESS:	PHONE:
NAME/ADDRESS:	PHONE:
WAS FIRST AID ADMINISTERED? YES D NO	□ IF SO, WHO PROVIDED IT?
PLEASE DESCRIBE THE TYPE OF INJURY SUST.	AINED?
WAS THE INJURED PERSON TAKEN TO A PHY	SICIAN OR HOSPITAL? YES D NO D
NAME/ADDRESS OF PHYSICIAN OR HOSPITA	L:
ADDITIONAL INFORMATION REGARDING TH	E ACCIDENT?

Witness Statement

SIGNATURE OF WITNESS:	DATE:
HOME ADDRESS:	НОМЕ РН.:
LOCAL HOTEL/ADDRESS:	LOCAL PH.:
EMPLOYMENT POSITION:	NO. OF YEARS:
WORK ADDRESS:	WORK PH.:

SEND TO:

Corazon "Cora" Dumlao, Agent
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