



U.S. Department of Transportation
Maritime Administration

**STATEMENT OF WITNESS
TO OR PERSON NEARBY
SCENE OF REPORTED
ACCIDENT**

OMB Control No. 9000-0077
Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh Street, S.W., Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.

STATEMENT TO BE COMPLETED IN WITNESS HANDWRITING. USE ADDITIONAL BLANK SHEETS AS NECESSARY.

(insert name of Ship Manager/General Agent on line above)

Vessel _____ Voyage number _____

My name is _____ ; my rating is _____

my Social Security No. is _____ ; my telephone number is _____

At the time _____ is reported to have been injured, I was at the following place _____ doing _____

with the following other persons: _____

The location of the accident was _____

and, if applicable, ship's equipment involved in the accident was _____

At that time the condition of the location or equipment where is the accident is reported to have happened was (be specific) _____

At that time the lighting at the place where the accident is reported to have happened was _____

I saw the accident and it happened as follows: _____

I believe the following persons may have seen the accident or have knowledge of conditions. They are: _____

Other information concerning the reported accident that I have knowledge of is _____

I CERTIFY THE ABOVE STATEMENTS TO BE TRUE AND CORRECT

Signature _____ Date _____