U.S. Department of Transportation **Maritime Administration**	**STATEMENT OF NON-WITNESS TO PERSONAL INJURY INCIDENT**	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.

_____

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

Vessel_____**Voyage number**_____

TO THE INVESTIGATING OFFICER: Please undertake to obtain from every crew member who it is determined was/may have been/should have been at or near the scene of the alleged incident involving the seafarer named below, but who claims NOT to have been a witness to the incident, his/her signature to that effect.

The undersigned hereby states that he/she was not a witness to and did not observe the incident alleged to have resulted in injury to:

SEAFARER'S NAME: _____**RATING**_____

DATE OF ALLEGED INCIDENT: _____ **TIME (LOCAL):**_____

AT THE TIME OF THE ALLEGED INCIDENT THE VESSEL WAS (check one):

❑ **underway** ❑ **docking/undocking** ❑ **moored** ❑ **anchored** ❑ **in shipyard**

AT THE TIME OF THE ALLEGED INCIDENT THE SEAFARER WAS (check one):

❑ **aboard the vessel and ON duty** ❑ **aboard the vessel and OFF duty** ❑ **ashore**

IF ABOARD THE VESSEL, PLACE ABOARD VESSEL:_____

Signature	*Name (please print or type)*	*Rating*
Signature	*Name (please printor type)*	*Rating*
Signature	*Name (please print or type)*	*Rating*
Signature	*Name (please print or type)*	*Rating*
Signature	*Name (please print or type)*	*Rating*
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Signature	*Name (please print or type)*	*Rating*
Signature	*Name (please print or type)*	*Rating*