



U.S. Department of Transportation
Maritime Administration

STATEMENT OF INDIVIDUAL REPORTING INJURY

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.

TO BE COMPLETED BY PERSON REPORTING AN INJURY ABOARD SHIP IN HIS/HER OWN HANDWRITING. USE ADDITIONAL BLANK SHEETS AS NECESSARY.

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

NOTE: The U.S. Criminal Code makes it a criminal offense for any person knowingly to make a false statement or representation to, or to conceal a material fact from, any department or agency of the United States as to any matter within its jurisdiction (18 U.S.C. 1001), or to file a false, fictitious or fraudulent claim against the United States (18 U.S.C. 287).

Vessel _____ Voyage number _____

Name _____ Social Security No. _____

Rating _____ Article No. _____

The date of my accident was _____ Time _____

I first reported my accident on _____ Time _____

To _____ Whose rating is _____

What part of your body was injured _____

Were you on duty at the time of the accident Yes No

State in detail what you were doing at the time of the accident and how the accident happened _____

What vessel's equipment was involved in the accident _____

The condition of the area or equipment was _____

What person(s) were with you, or nearby, at the time of the accident _____

What person(s) witnessed the accident _____

I CERTIFY THE ABOVE STATEMENTS TO BE TRUE AND CORRECT

Signature _____

Date _____