U.S. Department of Transportation **Maritime Administration**	**REPORT OF THIRD-PARTY INJURY AND/OR PROPERTY DAMAGE**	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.

The information identified below shall be provided for each accident/injury sustained by Non-Government and Non-Seaman individuals or accident resulting in property damage. This form (MA-1007) must be submitted within 48 hours following the occurrence of any such incident to: (1) the Office of Chief Counsel (MAR-220), (2) Division of Marine Insurance (MAR-782), and (3) the Administrative Contracting Officer, each at the following address:

U.S. Maritime Administration
400 Seventh Street SW
Washington, DC 20590

PART I: INFORMATION REQUIRED FOR ALL ACCIDENTS

1. **MARAD Region:** _____
2. **Organization/Facility Name:** _____
_____
3. **Report Prepared By:** _____
4. **Title of Preparer:** _____
5. **Date Report Prepared:** _____
6. **Location of Mishap:** _____
7. **Date of Mishap:** _____
8. **Time of Mishap (24-hour clock):** _____
9. **Weather Conditions at Time of Mishap:** _____
10. **Personal Protective Equipment or Controls Used:** _____
_____
11. **Narrative of Accident:** _____
_____
_____
_____
_____
12. **Cause of Accident:** _____
_____
_____
13. **Corrective Action Taken:** _____
14. **Name(s) of Witness(es):** _____
_____

(PLEASE COMPLETE REVERSE SIDE OF THIS FORM, AS APPLICABLE)