

Passenger Accident Report

Vessel & Incident Details

Vessel Name

Voyage / Cruise Number

Date of Accident

Time of Accident

Location on Vessel

Passenger Details

Name

Age

Gender

Cabin Number/Seat

Contact Details

Accident Description

Describe How Accident Happened

Injury Details

Witness Details (if any)

Witness Name

Contact Details

Immediate Response & Treatment

Describe Immediate Action Taken

Medical Attention / Treatment Provided

Reported By

Name

Role/Position

Signature

Date