

Personal Injury Accident Report Form (Maritime)

1. General Information

Date of Accident

Time of Accident

Location (Vessel/Port/Area)

2. Injured Person Details

Name

Date of Birth

Rank/Position

Employee/Seafarer ID

Nationality

3. Accident Details

Description of Accident

Cause of Accident

Witnesses

4. Injury Details

Type of Injury

Part(s) of Body Injured

Medical Treatment Provided

5. Reporting & Investigation

Reported To

Date Reported

Immediate Action Taken

Preventive Measures Suggested