

## Dive Vessel Accident Report – Crew Non-Diving Injury

### • PROCEDURE

Have injured crew member complete report.

Attach to the Dive Vessel Incident / Claim Report and email to [pmeyer@owlunderwriting.com](mailto:pmeyer@owlunderwriting.com)

### • CREW MEMBER SUMMARY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State / Province \_\_\_\_\_ Zip / Postal code \_\_\_\_\_ Country \_\_\_\_\_

### • ACCIDENT INFORMATION

Date of Accident \_\_\_\_\_ Location of Accident \_\_\_\_\_

Are you employed Full Time or Part time (by the above noted employer) \_\_\_\_\_

Do you work for any other employers? \_\_\_\_\_

Please provide their names and contact information: \_\_\_\_\_

\_\_\_\_\_

Please describe the work you do for them \_\_\_\_\_

\_\_\_\_\_

Average hours worked per week in the past 6 months \_\_\_\_\_

Average Gross Pay per week in the past 6 months \$ \_\_\_\_\_

Are you currently working? \_\_\_\_\_ Where? \_\_\_\_\_

Number of days absence to date \_\_\_\_\_ Number of days absence expected \_\_\_\_\_

### • ACCIDENT INFORMATION

Was this a work related accident? (If so, please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you seen a doctor? \_\_\_\_\_ Has the doctor given you a written analysis of your injury and proscribed treatment? \_\_\_\_\_ \*If so, please attach a copy.

Describe your injuries (I.E. cuts, bruises etc.) \_\_\_\_\_

Please describe any rescue or emergency procedures used and first aid given \_\_\_\_\_

Please list all Emergency personnel / Agencies that attended \_\_\_\_\_

**Narrative Report: Describe the accident and the events leading up to it with your best overview including the roles of other participants. Use additional pages if needed to give a complete account:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list all witnesses to your injury:**

<b>Name</b>	<b>Employed by?</b>	<b>Contact Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**• STATEMENT OF UNDERSTANDING**

I understand that it is a criminal offence to obtain reimbursement of medical expenses / treatment costs and / or other expenses under fraudulent circumstances. Any reimbursement I request will apply only to amounts I am personally responsible for and which have arisen as a consequence of the above noted incident and as part of my work duties. I will apply only for reimbursement of medical expenses / treatment costs and / or other expenses which are not covered under any other form of insurance. I will declare all payments made by other primary providers or other employers or their insurers. I understand and agree that any falsification or misrepresentation can result in legal action against me.

\_\_\_\_\_  
Crewmember signature

\_\_\_\_\_  
Date

**NEED HELP? Email [pmeyer@owlunderwriting.com](mailto:pmeyer@owlunderwriting.com)**