

THE SCOTTISH BOATOWNERS MUTUAL INSURANCE ASSOCIATION
Incident Report

TO BE COMPLETED BY THE SKIPPER OR OWNER

NAME OF VESSEL : REGISTERED NO.

OWNERS OF VESSEL :

Name of person to whom accident first reported :

Address :

Occupation :

INJURED MAN - Name :

Age :

MARRIED/SINGLE/

Address :

Injured Man's job :

How long has he been employed by you :

Average earnings over the past 12 months :

Nature of Injuries :

How long is he likely to be incapacitated :

Has he done any work since the accident :

Is he able to work :

If 'YES' - To what extent :

If taken to hospital, state name and place :

When, where and how did injured man leave boat :

Place of Accident :

Port :

If on board ship, on which part of vessel :

Date of Accident :

Time of Accident :

How did it occur :

Date of Sailing on this trip :

Proposed Duration of Trip :

How many hours had injured man worked prior to this incident :

(If caused by a collision with another vessel, give name and owner)

Was anyone else involved :

If 'YES' - Give name and address of person :

Was person employed by you :

Did injured man cause the accident :

Was injured man complying with work rules or instructions given :

Name of person in charge of work at time of accident :

Position :

Name (and addresses if possible) of any witnesses :

Has an MAIB Incident or Accident report been completed: YES/NO

Any further information (Including a sketch if possible)

Signed :

Address :

Date :