

|                            |  |                                    |  |
|----------------------------|--|------------------------------------|--|
| <b>Ship</b>                |  | <b>Date &amp; time of incident</b> |  |
| <b>Excursion Name</b>      |  | <b>Port</b>                        |  |
| <b>Guide's Name</b>        |  | <b>Tour assistant Name</b>         |  |
| <b>Drivers name</b>        |  | <b>Vendor Name</b>                 |  |
| <b>Passenger Full Name</b> |  | <b>Cabin Number</b>                |  |
| <b>Country</b>             |  | <b>Citizenship</b>                 |  |
| <b>Email</b>               |  | <b>Cell Phone number</b>           |  |

**Please note:**

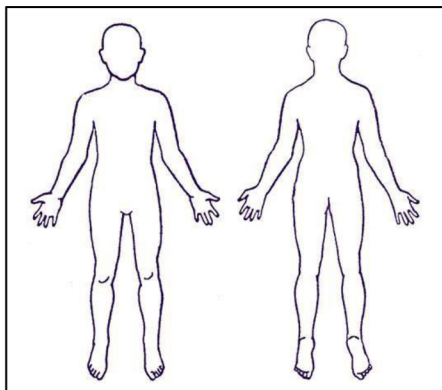
- This document needs to be fill by the person in charge of the tour.

|   |                                  |                                 |                                      |                       |   |
|---|----------------------------------|---------------------------------|--------------------------------------|-----------------------|---|
| <b>Type of incident</b>   | Illness <input type="checkbox"/> | Injury <input type="checkbox"/> | Death <input type="checkbox"/>       | Other? Please Explain |   |
| <b>Did Passenger accept treatment?</b>                              | Yes <input type="checkbox"/>     | No <input type="checkbox"/>     | If is No, please sign below (part a) |                       | <b>Passenger was hospitalized?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>a) I refused to receive treatment during the shore excursion</b> |                                  | <b>Name &amp; signature:</b>    |                                      |                       |   |

b) Please indicate injury location :

Type of injury (e.g cut, bruise):

Treatment given:



Front

Back



|   |                              |                             |  |                              |                             |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Did passenger receive a "fit to travel form"? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hospitalization for more than 24 hours | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|

**C) Incident Detail**

- What was the subject doing just before the situation occurred? Describe the activity)

- Where did the situation occur? (Describe the location - hotel lobby, cross walk, bus #, rail car #, etc.) add influencing factors (footwear, uneven ground, slippery terrain, etc.)

- What object or substance directly harmed the subject? (Examples: "concrete floor," "chlorine" - if caused by machine, specify part)



**INCIDENT REPORT**  
P04-R-01

**DATE:** 12-04-24  
**VERSION:** 02

- Describe the factual circumstances of the incident together with any observations that you consider to be relevant.

|  |                              |                             |                        |  |
|--|------------------------------|-----------------------------|------------------------|--|
| Were authorities contacted?<br>(police, fire, ambulance) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, when / Contact |  |
| Was a report number provided?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, report #       |  |

**In Case Of Death**

|  |  |
|--|--|
| Date                                       |  |
| Name & Address of treating physician       |  |
| Name & Address of treating hospital/clinic |  |

|                                     |                              |                             |                          |  |             |  |
|-------------------------------------|------------------------------|-----------------------------|--------------------------|--|-------------|--|
| Was the passenger with a companion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Passenger companion Name |  | Phone       |  |
| Passenger companion Signature       |                              |                             |                          |  | Time & Date |  |

|  |  |   |                                |             |  |
|--|--|---|--------------------------------|-------------|--|
| Name of the person completing this report: |  | Tour assistant <input type="checkbox"/> | Guide <input type="checkbox"/> | Time & Date |  |
|--|--|---|--------------------------------|-------------|--|

|                     |  |             |  |
|---------------------|--|-------------|--|
| Passenger Signature |  | Time & Date |  |
|---------------------|--|-------------|--|

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