



Incident Report Form

This form should be completed if someone has been injured or property (including motor vehicles) has been damaged.

P.O. Box 2009, Glen Allen, VA 23058-2009
800-362-7535 Fax: 855-662-7535
newclaims@markelcorp.com

Today's Date: _____

Policy Number: _____

Section I – Insured/Organization Information

Insured/Organization Name: _____

Mailing Address: _____

Location Address (if different than mailing) _____

Phone Number: (_____) _____

Contact Person: _____

Section II – Property Damage Information

Owner of Damaged Property: _____

Address: _____

Phone Number: (_____) _____

Damaged Property Description: _____

Section III – Injured Party Information

Name of the Injured Person: _____

Address: _____

Phone Number: (_____) _____ Alt. Phone Number: (_____) _____ Date of Birth: ____ / ____ / ____

Parent or Guardian (if a minor) _____

Description of injury: _____

Section IV – Incident Information

Date of Damage/Injury: ____ / ____ / ____

Time of Damage/Injury: _____ a.m. p.m.

1. Exact location of the incident: _____

2. What activity was going on? _____

3. Detailed description of the accident: _____

Please provide the names and information of witnesses:

- a. Full Name: _____
Address: _____
Phone #: _____ Age: _____
- b. Full Name: _____
Address: _____
Phone #: _____ Age: _____

4. After the incident, what action was taken? (Please be specific.) _____

5. If applicable, provide the name of the facility where the injured party was taken: _____

6. How was the injured party transported? _____

7. Who was called? _____ When? _____ a.m. p.m.

Additional Information or Comments: _____

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal [NY residents: substantial] civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee, and Virginia, insurance benefits may also be denied.

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Please provide the following signatures:

Printed Name of the person completing this report Title

Signature of the person completing this report

Printed Name of the supervisor on duty

Signature of the supervisor on duty

Printed Name of the parent/guardian of the injured party (if minor)

Signature of the parent/guardian of the injured party (if available)

Additional Information or Comments: _____

Please fax this completed form to 855-662-7535 or email newclaims@markelcorp.com

DEPARTMENT OF TRANSPORTATION U. S. COAST GUARD CG-2692 (Rev. 6-87)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				TEST ELECTRONIC VERSION UNIT CASE NUMBER		
SECTION I. GENERAL INFORMATION								
1. Name of Vessel or Facility			2. Official No.		3. Nationality	4. Call Sign	5. USCG Certificate of Inspection issued at:	
6. Type (<i>Towing, Freight, Fish, Drill, etc.</i>)		7. Length	8. Gross Tons		9. Year Built	10. Propulsion (<i>Steam, diesel, gas, turbine ...</i>)		
11. Hull Material (<i>Steel, Wood...</i>)		12. Draft (<i>ft. - in.</i>) FWD. AFT.		13. If Vessel Classed, By Whom: (<i>ABS, LLOYDS, DNV, BV, etc.</i>)		14. Date (<i>Of occurrence</i>)	15. Time (<i>Local</i>)	
16. Location (<i>See instruction No. 10A</i>)						17. Estimated Loss or Damage TO:		
18. Name, Address & Telephone No. of Operating Co.						VESSEL \$ _____		
						CARGO \$ _____		
						OTHER \$ _____		
19. Name of Master or Person in Charge			USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot		USCG License State License <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO	
19a. Street Address (<i>City, State, Zip Code</i>)		19b. Telephone Number ()		20a. Street Address (<i>City, State, Zip Code</i>)		20b. Telephone Number ()		
21. Casualty Elements (<i>Check as many as needed and explain in Block 44.</i>)								
NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH- HOW MANY? _____ <input type="checkbox"/> MISSING- HOW MANY? _____ <input type="checkbox"/> INJURED- HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED <i>(Identify Substance and amount in Block 44.)</i> <input type="checkbox"/> OIL SPILL-ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (<i>Identify other vessel or object in Block 44.</i>) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE			<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (<i>with or without sinking</i>) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE			<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> BLOW OUT (<i>Petroleum exploration/production</i>) <input type="checkbox"/> ALCOHOL INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> DRUG INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> OTHER (<i>Specify</i>) _____		
22. Conditions								
A. Sea or River Conditions <i>(wave height, river stage, etc.)</i>		B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (<i>Specify</i>) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		E. DISTANCE (<i>miles</i>) _____ <i>(of visibility)</i>
						F. AIR TEMPERATURE _____ (F)	G. WIND SPEED & DIRECTION _____	
						H. CURRENT SPEED & DIRECTION _____		
23. Navigation Information				SPEED AND COURSE _____		24. Last Port Where Bound _____	24a. Time and Date of Departure _____	
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING								
25. FOR TOWING ONLY	25a. NUMBER OF VESSELS TOWED		Empty	Loaded	Total	25b. TOTAL H.P. OF TOWING UNITS	25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	
							Length Width	
							25d. (<i>Describe in Block 44.</i>)	
							<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	
SECTION II. BARGE INFORMATION								
26. Name		26a. Official Number		26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:	
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE SKIN		26h. Draft FWD	AFT	26i. Operating Company			
26j. Damage Amount BARGE \$ _____ CARGO \$ _____ OTHER \$ _____				26k. Describe Damage to Barge				

REVERSE OF CG-2692 (REV. 6-87) SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING	27a. Name (Last, First, Middle Name) <hr/> 27b. Address (City, State, Zip Code)	27c. Status <input type="checkbox"/> CREW <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER (Specify)	
28. Birth Date	29. Telephone No. ()	30. Job Position	31. (Check here if off duty) <input type="checkbox"/>

32. Employer -(If different from Block 18., fill in Name, Address, Telephone No.)

33. Person's Time A. IN THIS INDUSTRY - B. WITH THIS COMPANY- C. IN PRESENT JOB OR POSITION- D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -	YEAR(S) _____ _____ _____ _____	MONTH(S) _____ _____ _____ _____	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) <hr/> 35. Was the Injured Person Incapacitated 72 Hours or More? <input type="checkbox"/> YES <input type="checkbox"/> NO 36. Date of Death
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37. Activity of Person at Time of Accident

38. Specific Location of Accident on Vessel/Facility

39. Type of Accident (Fall, Caught between, etc.)

40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)

41. Part of Body Injured

42. Equipment Involved in Accident

43. Specific Object, Part of the Equipment in Block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).

45. Witness (Name, Address, Telephone No.)

46. Witness (Name Address, Telephone No.)

SECTION V. PERSON MAKING THIS REPORT		47c. Title
47. Name (PRINT) (Last, First, Middle)	47b. Address (City, State, Zip Code)	47d. Telephone No. ()
47a. Signature		

FOR COAST GUARD USE ONLY REPORTING OFFICE:

APPARENT CAUSE

CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE
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INSTRUCTIONS
FOR COMPLETION OF FORM CG-2692
REPORT OF MARINE ACCIDENT, INJURY OR DEATH
AND FORM CG-2692A, BARGE ADDENDUM

WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs) and diving. The kinds of accidents that must be reported are described in the following instructions.

VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S. its territories or possessions; or whenever an accident involves a U.S. vessel; wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life:

E. An Injury that requires professional medical treatment (beyond first aid) and, if a crewmember on a commercial vessel, that renders the individual unfit to perform routine duties.

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of \$25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. (Ref. 46 CFR 4.05-1, 46 CFR 109.411)

OCS FACILITIES

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U. S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

D. Damage affecting the usefulness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of \$25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of \$25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. **COMMERCIAL DIVING.** A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;

2. Injury causing incapacitation over 72 hours;

3. Injury requiring hospitalization over 24 hours.

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-I(c)).

HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U. S. Department of Transportation's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. , area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, Ga. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

COMPLETION OF THIS FORM

8. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. When this form has been completed, deliver or mail it as soon as possible to the Coast Guard Marine Safety or Marine Inspection Office nearest to the location of the casualty or, if at sea, nearest to the port of first arrival.

10. Amplifying information for completing the form:

A. Block 16 - " LOCATION" - Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In these cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow - Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum" CG-2962A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed. and attach additional CG-2692's, piling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. *ALCOHOL AND DRUG INFORMATION.* Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in block 44 of the casualty form.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.