



U.S. Department of Transportation

Maritime Administration

Insurance Requirements: J.3 Attachment

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NOTE: To help in understanding and navigating this file we recommend that you first review the “Go to the How-to Page” section. (See below)

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GETTING STARTED

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Attachment J-3/Supplement A: Processing Personal Injury Claims

Introduction

The Maritime Administration (MARAD), U.S. Department of Transportation, is the owner of the vessels contracted to Ship Managers. In general, a vessel owner/seafarer's employer is obligated to provide a seafarer the following: (1) a safe place to work; (2) an adequate degree of assistance in the form of competent fellow employees; (3) rules for the safe operation of the vessel; (4) precautionary warnings of inherent dangers; and (5) access to safe equipment and tools necessary to the performance of the required job. Nonetheless, incidents of illness or injury to crew members may be expected to occur aboard any MARAD-owned Ready Reserve Force (RRF) vessel, for which an affected seafarer may present an administrative claim seeking compensatory damages.

The purpose of this document is to provide instructions regarding the collection of information regarding personal injury incidents and the processing of any claims resulting from such incidents. To aid in the collection of information regarding personal injuries, a Personal Injury Report Package has been developed incorporating forms that, when completed, enable the vessel Master to fulfill his/her responsibility to document all incidents of injury and/or illness to crew. The Ship Manager shall communicate the instructions incorporated in this Supplement to the Master and shall ensure that a sufficient quantity of all necessary forms is provided aboard each vessel so as to enable the Master to fulfill his/her reporting responsibilities.

The Ship Manager is expected to use prudent judgment and adhere to accepted industry practices in processing personal injury claims. As it is acting on behalf of the U.S. Government, the Ship Manager must bear in mind that it is responsible for achieving the best possible result for the Government. Should the Ship Manager be in doubt regarding the appearance of a conflict between Federal law and the provisions of this or any other modification to the Ship Manager's contract, the Ship Manager is here advised that Federal law precedes. If in doubt as to the appearance of potential conflict, the Ship Manager is instructed to contact MARAD for advice. The Ship Manager is advised that, insofar as any actions taken by it are in compliance with MARAD advice and policy, MARAD will seek to protect the Ship Manager's interests.





1. Documentation of Incidents of Illness/Injury to Crew Members

If a member of the crew of any MARAD-owned vessel for which you act as Ship Manager becomes ill or is injured while in service to the vessel, the Master should ensure that a complete and accurate record is made of the cause and details of the illness/injury, however trivial, in the ship's logs.

Medical Log

The Ship Manager shall maintain a Medical Log aboard each vessel, with illness or injury complaints recorded therein, along with the date of occurrence. Recorded entries should describe the symptoms of the reported illness and/or explain the events causing the injury. A description of any medical treatment rendered aboard ship shall be recorded. If it is necessary to relieve the seafarer of his/her duties in order to have him/her seek medical attention ashore, this shall also be noted.

If a second Medical Log is required on any voyage, the cover of each shall be noted Part 1, Part 2, etc., as appropriate, and the pages shall be consecutively numbered from log to log. For example, if the last page of Part 1 is 78, the first page of Part 2 will be 79.

The Medical Log shall be signed daily by the Master and by the Medical Representative (MR). The Master shall confirm with the ill or injured seafarer's departmental supervisor that the Departmental Log contains information to substantiate the reported illness or injury.

Official Log

The U.S. Coast Guard supplies gratuitously to American vessels an Official Logbook for recording entries required by Section 201, Title 46, U.S. Code. A number of required entries concerning crew matters could be expected to have a bearing upon the adjudication of any administrative claim. For this reason, the Ship Manager shall make, or cause to be made in the Log, entries concerning the following matters, among others:

- A statement of the conduct, character, and qualifications of each of his crew; or a statement that he declines to give an opinion of such particulars.
- Every case of illness or injury happening to any member of the crew, with the nature thereof, and the medical treatment.
- Every case of death happening on board, with the cause thereof.
- Every legal conviction of any member of his crew, and the punishment inflicted.
- Every offense committed by any member of his crew for which it is intended to prosecute, or to enforce a forfeiture, together with such statement concerning the reading over such entry, and concerning the reply, if any, made to the charge, as is required by the provisions of section 702 of this title [Title 46 U.S. Code].
- Every offense for which punishment is inflicted onboard, and the punishment inflicted.
- The name of every seaman, or apprentice who ceases to be a member of the crew otherwise than by death, with the place, time, manner and cause thereof.
- The wages due to any seaman or apprentice who dies during the voyage, and the gross amount of all deductions to be made therefrom.





Personal Injury Report Package

A claim for damages resulting from an alleged incident of personal injury may be submitted at any time within two years following the date of incident. In order to avoid the omission of a crucial piece of documentation, or the loss of a critical piece of evidence, MARAD has developed a ***Personal Injury Report Package***, containing a number of forms that, when completed, allow the Ship Manager convenient access to information needed in case a claim is later presented, namely:

- a. Details of the circumstances surrounding the incident;
- b. In the case of injury, the conditions at the time of the accident and whether they contributed to the accident;
- c. In the case of injury, whether the injured seafarer in any way contributed to the accident or whether there was any obvious negligence on the part of a third party;
- d. Names and statements of any witness(es) to any accident;
- e. Particulars of any medical treatment received aboard and/or ashore.

A copy of each of the forms, along with other material incorporated in the Personal Injury Report Package is provided as Supplement A Appendix I. A discussion of the documentation to be developed by the Ship Manager with respect to any crew member, and, in particular, with respect to any ill/injured crew member, is provided below. Specific reference is made to forms included in the Personal Injury Report Package. [Form MA-1001, titled SERIOUS ILLNESS/INJURY REPORT PACKAGE](#), provides a list of the forms to be included.

On date of seafarer's engagement

(1) Determination of fitness for sea duty

The Ship Manager shall ascertain whether the seafarer has, within the last six months, been examined by a licensed physician and found to be physically qualified and fit to perform the duties of his/her assignment. Upon reporting aboard ship, the seafarer shall provide or otherwise make available for the Master's examination one copy of each of the following:

- (i) the union shipping slip, if the seafarer is a member of a seafarers' union;
- (ii) certification from a medical clinic sponsored by the Ship Manager or from the union of which the seafarer is a member or from the seafarer's personal physician of the seafarer's fitness for sea duty. The date of such certification shall be within six months prior to the seafarer's date of engagement.
- (iii) proof of compliance with U.S. Coast Guard CGD 86-087 programs for Chemical, Drug, and Alcohol Testing of Commercial Vessel Personnel; and





Supplement A: Processing Personal Injury Claims

- (iv) certification of immunizations for tetanus, typhoid, cholera and yellow fever per U.S. Public Health Service form International Certification of Vaccination (PHS 731 Rev. 2-69).

In the event that the vessel is to be engaged upon a foreign voyage, the Master, or his/her designated representative shall ascertain that the seafarer has in his/her possession and has reported aboard the vessel with (i) at least two pairs of any required prescription eye glasses (in addition to contact lenses, if worn), (ii) records and prescriptions of any prescription medications as well as an adequate supply of same to cover the projected assignment period, and (iii) immunization and medical records.

If the Master has reason to believe, based on actual observation of the seafarer, that the seafarer has falsified any information regarding his/her current physical condition or medical history, or that the seafarer is otherwise unfit to assume the duties of his/her assignment, the Master may require the seafarer to undergo examination by a licensed physician to ascertain the seafarer's fitness to perform the duties associated with the shipboard rating to which assigned. The examination is to be limited to that necessary to establish a diagnosis with respect to specific symptoms, illness and/or injury reported to and observed by the Master and to make a finding with respect to seafarer's fitness for sea duty. Charges for services provided by any physician/clinic/hospital in connection with such examination are to be paid by the Ship Manager as an expense to be reimbursed by MARAD.

Any determination made by a physician with respect to the seafarer's fitness for sea duty in no way abrogates any right of appeal the seafarer may have through collective bargaining agreements or to seek redress through other forums.

(2) Statement of physical condition

The Ship Manager shall require the seafarer to complete the [MARAD Form MA-1001B SEAFARER'S STATEMENT OF PHYSICAL CONDITION](#) as soon as practicable after the seafarer joins the vessel to which assigned. This brief questionnaire requests the seafarer to identify any medical conditions and/or symptoms of illness with which he/she is or has been affected. By signing and dating this form the seafarer certifies that, to the best of his/her knowledge, he/she is physically and mentally fit for sea duty. This form shall be completed notwithstanding the existence of any available report of pre-employment physical examination. The form is to be retained aboard the vessel for the duration of the seafarer's shipboard employment. Upon the termination of the seafarer's employment aboard the vessel, the completed form shall be forwarded to the Ship Manager's home office.

(3) Background information regarding seafarer

On the date of hire, the seafarer shall provide information needed to complete the [Form MA-1001A SEAFARER DATA SHEET](#), from the top of the form to the section titled "Voyage Employment Information." This information includes the seafarer's name, Social Security Number, license number, physical description, date and place of birth, citizenship, residence address, place and date of last physical examination and the name of the physician who administered the exam. The form also has space for the seafarer to provide information regarding the name and address of next of kin. The seafarer should, at this time, complete [Form MA-269: Designation or Change of Beneficiary for Second Seafarer's War Risk Insurance](#) (see [Supplement A Appendix II](#)).





(4) Information regarding seafarer's articles of engagement

The Ship Manager is requested to reference U.S. Coast Guard Navigation and Vessel Inspection Circular No. 1-86 addressing "Shipment and Discharge of Seamen" in preparing the [C.G. Form 705 A - PARTICULARS OF ENGAGEMENT AND DISCHARGE](#). At the time of the seafarer's engagement the Master shall complete the following sections of the form: (a) Voyage Employment Information, (b) Seafarer's Identification and Acceptance of Employment, and (c) Seafarer's Rate and Wage Information. The form shall be signed by both Master and seafarer. Upon the seafarer's discharge from the vessel, the Master shall complete the section "Voyage Discharge and Release Information." Both Master and seafarer will sign and date the form. A copy of the form is to be retained aboard the vessel until such time as the voyage terminates or the articles expire, whichever occurs first. Upon the expiration of the voyage or articles of engagement the form shall be forwarded to the Ship Manager's home office.

(5) Marine Index Bureau report

As soon as practicable following the seafarer's date of hire, the Ship Manager shall contact the Marine Index Bureau, Inc. (MIB) to obtain any available report regarding the seafarer's employment history. This report will list and describe illnesses and/or injuries sustained by the seafarer, as well as any incidents of disciplinary action reported to the MIB by the seafarer's past marine employers. The Marine Index Bureau may be contacted directly by telephone at (609) 882-8209, or by mail at the following address:

Marine Index Bureau, Inc.
67 Scotch Road
Ewing, NJ 08628

If, by examination of any available documentation regarding the seafarer's past and current medical condition, the Ship Manager determines that the seafarer was found by a qualified physician to have sustained illness/injury that results in a finding of permanent disability, rendering the seafarer unfit for shipboard duty, the seafarer shall be questioned regarding such finding and requested to provide proof of rehabilitation sufficient to substantiate a finding of "fit for duty." Absent such proof, the seafarer's employment shall be immediately terminated.

On date of seafarer's alleged illness/injury

In the event that a crew member incurs illness/injury, the vessel Master shall ensure that shipboard personnel are aware of the requirement to document (a) the circumstances giving rise to an alleged illness/injury, (b) any request for shoreside medical attention, (c) the diagnosis/findings and treatment provided, and (d) the seafarer's duty status following the alleged illness/injury. Information may be provided on MARAD forms, or, if approved, similar forms developed by the Ship Manager. A discussion of MARAD-recommended forms to be completed, as applicable, is provided in the following information.





Supplement A: Processing Personal Injury Claims

(1) Initial Report of Personal Illness/Injury

Immediately following any crew member's report of illness/injury for which he/she seeks medical attention, the seafarer shall be examined by the ship's MR, who shall make appropriate entries into the ship's Medical Log. If, in the estimation of the ship's medical officer, the requirement to provide prompt and appropriate medical attention means that the seafarer should be excused from duty for a period of at least 24 hours or otherwise discharged from the vessel, the seafarer's supervisor shall be made responsible for the completion of the [Form MA-1001C INITIAL REPORT OF PERSONAL ILLNESS/INJURY](#).

When a seafarer is found by licensed medical personnel to be medically Not Fit For Duty (NFFD) for a period of 24 hours or more (a "qualifying incident"), the ship's Master shall, at the earliest opportunity and by the most expedient means, forward a copy of the completed form INITIAL REPORT OF PERSONAL ILLNESS/INJURY to the Ship Manager's home office. The Ship Manager shall, in turn, within five working days of receipt, forward by mail a copy of the completed form to MARAD at the following address:

U.S. Maritime Administration
Chief, Division of Marine Insurance
MAR-575, Room 8121
400 Seventh Street SW
Washington, DC 20590

(2) Statement of Individual Reporting Injury

If the seafarer requests shore leave in order to seek medical attention due to alleged illness or injury, the Master shall require the injured seafarer to complete the [Form MA-1001D STATEMENT OF INDIVIDUAL REPORTING INJURY](#), wherein the seafarer is requested to detail the circumstances of the accident causing injury, and to identify any person(s) who witnessed the accident or were nearby the scene of the accident. The completed form shall be incorporated in the Personal Injury Report Package and the Package, with all other forms, completed as applicable, shall be included in an envelope to be forwarded to the home office of the Ship Manager as soon as practicable after the occurrence of the illness/injury.

(3) Master's Report of Request for Medical Attention

(4) Report of Attending Dentist/Physician

If, in the opinion of the ship's MR, it is in the best interest of the crew member and/or the vessel that the ill/injured seafarer be attended by shoreside medical personnel, the Master shall complete [Form MA-1001E MASTER'S REPORT OF REQUEST FOR MEDICAL ATTENTION](#), which, when completed and signed by the Master, shall serve as authorization for the seafarer to seek medical attention from qualified shore-based medical providers. If the severity of the seafarer's illness/injury does not preclude it, the seafarer shall also sign this form. By signing, the seafarer authorizes the Maritime Administration to obtain any record(s) of treatment relating to the medical complaint described in the form. The Master, by his/her signature as representative of the Ship Manager, obligates the Ship Manager to pay reasonable and customary charges billed by the dentist/physician/clinic/hospital providing treatment. When and where practicable, the ill/injured seafarer shall be accompanied by the ship's MR.





Supplement A: Processing Personal Injury Claims

A copy of this form shall be retained aboard the vessel for the duration of the seafarer's employment aboard the vessel. If the ill/injured seafarer is accompanied by the ship's MR or by a representative of the ship's agent, the MR or ship's agent shall provide the original of the form *MASTER'S REPORT OF REQUEST FOR MEDICAL ATTENTION*, along with [Form MA-1001F REPORT OF ATTENDING DENTIST/PHYSICIAN](#) to the attending dentist/physician/hospital/clinic. On this form the attending dentist or physician shall indicate his/her diagnosis, findings and treatment, along with the seafarer's current duty status, and then sign and date the form. The completed form shall be returned to the Master. If the seafarer is accompanied by the ship's MR or agent, the MR/agent may return the completed form to the Master; however, the ultimate authority rests with the seafarer to ensure that the Master is made aware of any finding/diagnosis and any recommendations regarding the seafarer's duty status. If the seafarer is unaccompanied and, following examination, does not return to the ship, the ship's medical officer shall be made responsible for obtaining the completed *REPORT OF ATTENDING DENTIST/PHYSICIAN*. The completed form shall be incorporated in the Personal Injury Report Package and the Package, with all other forms, completed as applicable, shall be included in an envelope to be forwarded to the home office of the Ship Manager as soon as practicable after the occurrence of the illness/injury.

Upon reviewing the completed *REPORT OF ATTENDING DENTIST/PHYSICIAN*, the Master shall make a determination as to the seafarer's duty status. In making such determination, the Master shall use the following guidelines:

Fit For Duty (FFD): The seafarer is able to safely perform the duties of his or her rating aboard ship in the absence of medical care, without danger to his or her health, or the safety of the crew or vessel. A limited FFD cannot be given.

Not Fit For Duty (NFFD): A NFFD status is issued when the seafarer is unable to safely perform the duties of his or her rating aboard the vessel without danger to his or her health, the safety of the crew, or the vessel, in the absence of medical care. This condition is distinguished from Permanently Not Fit For Duty (PNFFD).

Permanently Not Fit For Duty (PNFFD): A PNFFD is issued where the seafarer is unable to perform the duties of his or her rating aboard a vessel because of medical, surgical or psychiatric condition for which at this time, there is not effective treatment. The seafarer is not expected to return to work aboard such a vessel because of the great danger to his or health, the safety of other crew members, and the vessel. This determination is not necessarily equivalent to a Permanent and Total Disability as defined by the Department of Health and Human Services (DHHS).

(5) Report of Investigation of Serious Illness/Injury

(6) Statement of Witness to or Person Nearby Scene of Reported Accident

(7) Statement of Non-Witness to Personal Injury Incident

If the Master, after reviewing the findings of the attending dentist/physician with respect to the seafarer's duty status, determines that the seafarer's medical condition warrants his/her discharge from the vessel in order to allow further medical evaluation/treatment, the Master shall direct that an investigation be undertaken as to the circumstances of the illness/injury. The investigating officer shall complete [Form MA-1001G REPORT OF INVESTIGATION OF SERIOUS ILLNESS/INJURY](#). Such investigation shall be undertaken and report completed within 72 hours of the seafarer's discharge from the vessel.





Supplement A: Processing Personal Injury Claims

If the seafarer was removed from the vessel due to injury, the investigating officer shall undertake to obtain statements from any person(s) identified by the seafarer to be at or nearby the scene of the accident. The investigating officer shall request that each person so identified complete [Form MA-1001H titled STATEMENT OF WITNESS TO OR PERSON NEARBY SCENE OF REPORTED ACCIDENT](#). He/she shall also undertake to obtain from every crew member who it is determined was/may have been/should have been at or near the scene of the alleged injury, but who claims *not* to have been a witness to the incident, his/her signature to that effect on [Form MA-1001I STATEMENT OF NON-WITNESS TO PERSONAL INJURY INCIDENT](#). The completed forms shall be incorporated in the Personal Injury Report Package and the Package, with all other forms, completed as applicable, shall be included in an envelope to be forwarded to the home office of the Ship Manager as soon as practicable after the occurrence of the illness/injury.

(8) *U.S. Coast Guard Forms 2692 and 2692B*

In the case of an accident that results in serious illness/injury that incapacitates the seafarer for a period of 72 hours or more, or results in the seafarer's death, U.S. Coast Guard [Form 2692 REPORT OF MARINE ACCIDENT, INJURY OR DEATH](#) should be completed, as well as U.S. Coast Guard [Form 2692B REPORT OF REQUIRED CHEMICAL DRUG & ALCOHOL TESTING FOLLOWING A SERIOUS MARINE INCIDENT](#). Accompanying this report should be the results of any drug/alcohol tests required by the U.S. Coast Guard. The completed forms shall be incorporated in the Personal Injury Report Package and the Package, with all other forms, completed as applicable, shall be forwarded to the home office of the Ship Manager as soon as practicable after the occurrence of the illness/injury.

Questions regarding U.S. Coast Guard Forms 2692 and 2692B may be directed to the Marine Safety Division of the United States Coast Guard Office of Marine Safety, Security and Environmental Protection. The Office may be reached by telephone at (202) 267-1430 or by mail at the following address:

U.S. Department of Transportation
United States Coast Guard
Office of Marine Safety, Security and Environmental Protection
Marine Investigation Division
G-MMI, Room 2406
2100 2nd Street SW
Washington, DC 20593-0001

(9) *Evidence List*

The Ship Manager is encouraged to make use of a still and/or video camera in documenting an accident resulting in serious injury or death. However, the Ship Manager is advised that MARAD will not provide such still or video camera as part of the vessel's controlled equipment; therefore, any such equipment available to an investigating officer must be made available by the Ship Manager at Ship Manager expense.





Supplement A: Processing Personal Injury Claims

The investigating officer should, if possible, videotape and/or take photographs of the accident scene, and include, where available, any such videotape, developed photographs, or undeveloped film, in the Personal Injury Report Package. Upon receipt, the photographs or videotape will be copied and the originals returned to the Ship Manager or its designated agent.

If unable to videotape or otherwise take photographs of the accident scene, the investigating officer should undertake to include descriptive drawings or diagrams of the accident scene along with specifics as to the numbers and identification of ship's drawings. Where the accident involved any ship's equipment, efforts should be made to preserve the equipment in the condition found at the time of the investigation, if, by doing so, the health and safety of the crew would not be endangered. If any repairs to the equipment were made subsequent to the alleged incident, a statement will be provided to this effect indicating the nature and extent of such repair.

Form MA-1001J, titled EVIDENCE LIST, is suggested for identifying any drawings/diagrams, videotape, and/or photographs included in the Personal Injury Report Package, as well as any piece(s) of ship's equipment identified to be involved in the accident, if applicable. The completed forms shall be incorporated in the Personal Injury Report Package and the Package, with all other forms, completed as applicable, shall be included in an envelope to be forwarded to the home office of the Ship Manager as soon as practicable after the occurrence of the illness/injury.

2. Administrative Claims

A seafarer employed on board a MARAD-owned or operated vessel who becomes ill or injured while in the service of the vessel has legal recourse against MARAD pursuant to the Suits in Admiralty Act. Any claim presented for losses consequent to an incident of illness or injury is subject to the terms and conditions of the Clarification Act, 50 App. U.S. Sec. 1291(a) and the regulations promulgated thereunder.

The seafarer must meet the requirements of the Clarification Act, by submitting a request for the administrative allowance of claim with all available documentation supporting the claim to the Ship Manager. Any administrative claim must be filed in accordance with the requirements set forth in [Title 46 Code of Federal Regulations \(CFR\) Part 327](#). Any seafarer wishing to pursue a claim for compensatory damages must be advised of the requirements promulgated therein.

Specifically, 46 CFR Part 327 Sec. 4 provides that:

§ 327.4 Claim requirements.

(a) Form. The claim may be in any form and shall be:

- (1) In writing,
- (2) Designated as a claim,
- (3) Disclose that the object sought is the administrative allowance of the claim;
- (4) Comply with the requirements of this part, and
- (5) Filed as provided in §327.5 of this part.





Supplement A: Processing Personal Injury Claims

The claim need not be sworn or attested to by the claimant. However, the statements made in the claim are subject to the provisions of 18 U.S.C. 287 and 1001 and other penalty provisions for making false, fictitious, or fraudulent claims, statements or entries, or falsifying, concealing, or covering up a material fact in any matter within the jurisdiction of any department or agency of the United States. Any lawsuits filed contrary to the provisions of section 5 of the Suits in Admiralty Act, as amended by Public Law 877, 81st Congress (64 Stat. 1112; 46 app. U.S.C. 745), shall not be in compliance with the requirements of this part.

(b) Contents. Each claim shall include the following information:

(1) With respect to the seaman:

- (i) Name;
- (ii) Mailing address;
- (iii) Date of birth;
- (iv) Place of birth; and
- (v) Merchant mariner license or document number and social security number

(2) With respect to the basis for the claim:

- (i) Name of vessel on which the seaman was serving when the incident occurred that is the basis for this claim;
- (ii) Place where the incident occurred;
- (iii) Time of incident—year, month and day, and the precise time of day, to the minute, where possible;
- (iv) Narrative of the facts and circumstances surrounding the incident; and
- (v) The names of others who can supply factual information about the incident and its consequences.

(3) The dollar amount of the claim for:

- (i) Past loss of earnings or earnings capacity;
- (ii) Future loss of earnings or earnings capacity;
- (iii) Medical expenses paid out of pocket;
- (iv) Pain and suffering, and
- (v) Any other loss arising out of the incident (describe).

(4) All medical and clinical records of physicians and hospitals related to a seaman's claim for injury, illness, or death shall be attached. If the claimant does not have a copy of each record, the claimant shall identify every physician and hospital having such records relating to the seaman and shall provide written authorization for MARAD to obtain all such records. The claim shall also include the number of days the seaman worked as a merchant mariner and the earnings received for the current calendar year, as well as the two preceding calendar years.

(5) If the claim does not involve a seaman's death, the following information shall be submitted with the claim:

- (i) Date the seaman signed a re-employment register as a merchant mariner;
- (ii) Copy of the medical fit-for-duty certificate issued to the seaman;
- (iii) Date and details of next employment as a seaman; and
- (iv) Date and details of next employment as other than a seaman.





Supplement A: Processing Personal Injury Claims

- (6) If the claim is for other than personal injury, illness or death, the claim shall provide all supporting information concerning the nature and dollar amount of the loss.

Further, 46 CFR Part 327.5 provides that:

§ 327.5 Filing of claims.

- (a) Claims may be filed by or on behalf of seamen or their surviving dependents or beneficiaries, or by their legal representatives. Claims shall be filed either by personal delivery or by registered mail.
- (b) Each claim shall be filed with the Ship Manager or General Agent of the vessel with respect to which such claim arose. The claimant shall send a copy directly to the Chief, Division of Marine Insurance, Maritime Administration, Department of Transportation, 400 Seventh Street SW, Washington, DC 20590.



3. Definitions

In general, actions where the seafarer seeks compensation arise from incidents of negligence or unseaworthiness. The definitions of these two terms, as used in admiralty law, are given below:

Negligence

An action for compensation from negligence arises when a seafarer, in the course of his/her duties, sustains damage, injury or loss due to the carelessness of the vessel owner, its operator, or its crew. A seafarer's damages can be reduced if the ship owner or operator can prove that the seafarer's conduct, or the conduct of a third party, led, in whole or in part, to the alleged injuries.

Unseaworthiness

An action for unseaworthiness arises when a seafarer is injured because the vessel owner or operator has failed to provide a vessel, or vessel appurtenance/vessel equipment fit for its intended purpose and/or has failed to crew the vessel with seamen knowledgeable of and capable of performing their expected duties. Under the doctrine of unseaworthiness, the vessel owner remains liable even though the owner may have no knowledge of any alleged defective condition.

It is important to note that, despite any findings with respect to negligence or unseaworthiness, the vessel owner remains liable to provide the affected seafarer certain benefits. Furthermore, if these benefits are withheld, the vessel owner/seafarer's employer could be subjected to legally enforceable penalties. These benefits are identified as (1) repatriation expenses, (2) unearned wages, and (3) maintenance and cure. Repatriation expenses and unearned wages (if applicable), along with maintenance and cure, are due every injured or ill seafarer, regardless of fault. Failure to promptly pay such expenses may, therefore, result in an assessment of punitive damages which will not be paid by MARAD but will, instead, be borne solely by the Ship Manager.

Repatriation Expense

The concept of repatriation benefits obligates the vessel's owner to assume all costs involved in returning an ill/injured seafarer to that U.S. port expected to be the final voyage stop for the vessel. With the agreement of the seafarer, the seafarer may be returned to this or any other point in the United States, whichever choice results in the least cost to the Ship Manager. In the event that the nature or severity of the seafarer's illness and/or injury would make it difficult for the seafarer to insure his/her own physical well-being while in transit, the seafarer should be accompanied to his/her home of record by Ship Manager personnel or other appropriate medical personnel.

Unearned Wages on Foreign Voyages

The unearned wage concept, which applies to **foreign voyages only**, permits a seafarer to continue to receive those wages (exclusive of overtime wages), he/she would have received if his/her service aboard the vessel had not been interrupted by illness or injury. Vacation accrual and fringe benefits are to be considered part of unearned wages. Unearned wages cease upon the date the voyage ends, the date the seafarer's articles expire, or the date the seafarer is found fit for duty, whichever occurs FIRST.





Maintenance and Cure

Maintenance is a rate of daily subsistence (usually determined by union contract) owed a seafarer until he/she is found fit for duty or reaches maximum medical improvement, whichever occurs first. Generally, the daily dollar maintenance amount is negotiated between the Ship Manager and the union of which the seafarer is a member prior to the date the seafarer signs on the vessel. If the seafarer is *not* a member of a union, the Ship Manager should attempt to negotiate a daily maintenance payment equivalent to the amount acceptable to the applicable union under the collective bargaining agreement. Maintenance payments shall commence (1) on the date of the seafarer's discharge from the vessel, if the seafarer is not hospitalized immediately or (2) on the date of the seafarer's discharge from the hospital, if the seafarer is hospitalized immediately following the incident. In either case, maintenance shall be computed to the day the seafarer is found fit for duty or the date the seafarer is determined to have reached maximum medical improvement, whichever occurs first. If the seafarer *is hospitalized* at any time during his/her recuperation, a daily maintenance benefit **is not paid** during the period of hospitalization. If the seafarer *is not hospitalized*, a daily maintenance benefit **is paid** to the seafarer.

Cure refers to expenses incurred for medical treatment considered necessary to enable the seafarer to be restored, to the extent possible, to his/her physical condition prior to the alleged incident. The seafarer has the right to medical treatment from a licensed physician of his/her own choosing. Cure is due only as long as the seafarer's condition is subject to improvement. Once a seafarer reaches maximum medical improvement, cure, like maintenance, ceases. Additionally, cure is only due for medical treatment that is curative in nature; it is not owed for palliative treatment, or treatment undertaken primarily to reduce pain. All cure payments, except in foreign ports, shall be paid 100 percent of "reasonable and customary." However, if the ill/injured seafarer is eligible for health insurance benefits offered through the union of which he/she is a member or otherwise, and such benefits are paid by the medical plan, the Ship Manager shall not make collateral payments without concurrence from MARAD's Division of Marine Insurance.

The Ship Manager is responsible for payments of maintenance and cure, but shall not make such payments until in receipt of a copy of a report in which the attending physician attests that the ill/injured seafarer is Not Fit For Duty (NFFD). NFFD reports are requested on a bi-weekly basis so that payment can be made retroactively to the dates the seafarer is NFFD.

THE SHIP MANAGER SHALL CONTINUE THE PAYMENT OF MAINTENANCE AND CURE UNTIL (1) THE SEAFARER IS FOUND FIT FOR DUTY BY THE ATTENDING PHYSICIAN, (2) THE SEAFARER IS CERTIFIED BY THE ATTENDING PHYSICIAN TO HAVE REACHED MAXIMUM MEDICAL IMPROVEMENT, OR (3) ADVISED OTHERWISE BY MARAD'S OFFICE OF CHIEF COUNSEL OR THE U.S. DEPARTMENT OF JUSTICE.

With the receipt of any administrative claim, the Ship Manager may, upon receiving MARAD approval or at MARAD's request, require that the seafarer be examined by any physician(s) approved by MARAD. Reasonable and customary fees incurred for the purpose of providing any independent medical exam should be paid promptly by the Ship Manager and allocated to the individual claim as an expense to be reimbursed by MARAD.



Supplement A: Processing Personal Injury Claims

Repatriation expenses, unearned wages and maintenance and cure should be paid promptly by the Ship Manager and allocated to the individual claim as an expense to be reimbursed by MARAD.

4. Expenses Incurred by Ship Manager on Behalf of Ill/Injured Seafarer

A number of other expenses may be incurred by the Ship Manager with respect to seamen suffering personal injury or death in the course of their employment aboard RRF vessels. The following is intended to provide instructions for the accounting of those expenses:

Hospital and Medical Expense

Hospital and medical expenses incurred by a U.S. civilian or military hospital or other organization for the care and treatment of merchant seamen assigned to Ship Manager vessels should be promptly paid by the Ship Manager and allocated to the individual claim as an expense to be reimbursed by MARAD.

Repatriation Expense

The costs incurred for repatriation or transfer (medical evacuation) furnished by U.S. military services or other organizations in connection with sick or injured seamen should be promptly paid by the Ship Manager and allocated to the individual claim as an expense to be reimbursed by MARAD.

Burial Expense

Expenses incurred by the U.S. military services or other organizations in the nature of burial costs for the preparation and transportation of deceased merchant seamen should be paid and allocated to the individual claim as an expense to be reimbursed by MARAD. Upon a seafarer's death, the Master shall immediately contact the Ship Manager, who shall in turn attempt to contact the deceased's next of kin indicated on the MARAD [Form MA-1001A, SEAFARER DATA SHEET](#) or Ship Manager's equivalent. All reasonable efforts shall be made to comply with the wishes of the next of kin or beneficiary regarding the disposition of the body of the deceased.

The following instructions are issued for the guidance of the Ship Manager in the payment of burial expenses for a seafarer:

- a. If the union agreement requires the return of a deceased seafarer to the United States or the port of engagement, the reasonable costs incurred are payable.
- b. If the union agreement is silent on the return of a deceased seafarer to the United States, but the next of kin desires the return, the reasonable costs incurred of preserving and returning the body to the United States are payable.
- c. If, after the body is returned to the United States, the Ship Manager is faced with paying additional burial expenses, such as for a suitable casket, shipping container, transportation, grave site, etc., such reasonable additional burial expenses as may be necessary to dispose of the body in keeping with the dignity of the United States Government, as vessel owner, are payable.





Supplement A: Processing Personal Injury Claims

- d. All reasonable burial costs incurred are to be charged to voyage expense.

Reimbursement for any other expense(s) incurred by the vessel for the purpose of landing an ill or injured seafarer will be reviewed by MARAD on a case-by-case basis.

Excess Baggage

In an effort to minimize this particular reimbursable expense, the following procedures should be established:

- a. The Masters and sub-agents are to be advised that a crew member being repatriated may carry with him/her baggage up to the limits of the particular air ticket on which he/she is traveling. Except as otherwise provided in the collective bargaining agreement, any excess baggage carried with him/her will be at his/her expense.
- b. A reasonable amount of baggage in excess of the passage ticket will be returned free of charge to a port in the continental United States by the crew member's vessel. If the crew member's vessel is not in a position to receive the baggage, it may be returned on another Ship Manager vessel at the option of the Master of the latter ship. Under either procedure the baggage must be inventoried and receipt made for by the Master or his/her delegate. The seafarer will be responsible for all costs associated with the storage and transport of such baggage from the port of discharge.



5. Procedure for Filing an Administrative Claim

The minimum requirements of an administrative claim are listed in 46 CFR Part 327. However, in order to facilitate the processing of any administrative claim, the following procedural guidelines should be suggested to the claimant and/or his/her legal representative:

5.1 Identification of Claim.

Any filing by which the seafarer seeks to obtain the administrative allowance of claim should:

- (1) identify the claimant by providing his/her full legal name
- (2) identify the claimant's attorney or other legal representative or otherwise identify the person to contact with respect to the administrative claim, and the means by which that person may be contacted (mailing address, phone and facsimile number (if available))
- (3) be designated as a claim, by means of the following wording, displayed prominently:

SEAMAN'S REQUEST FOR ADMINISTRATIVE ALLOWANCE OF CLAIM

- (4) clearly identify, with respect to the incident giving rise to the claim:
 - (a) the seafarer (by full name);
 - (b) the seafarer's Social Security Number;
 - (c) the Ship Manager;
 - (d) the name of the vessel; and
 - (e) the date of incidentin the following suggested format:

JOHN A. DOE
123-45-6789
AMERICAN SHIPPING CO.
WASHINGTON
MAY 21, 1991

placed immediately following the identification **SEAMAN'S REQUEST FOR ADMINISTRATIVE ALLOWANCE OF CLAIM** (Appendix IV), and prior to any other information or narrative submitted with respect to the claim. A sample suggested letter, from attorney Charles A. Adams to ABC Shipping Co. Inc., showing the recommended format for the claim letter, follows Section 5.2. In this letter attorney Adams provides sufficient information to establish the existence of a valid administrative claim. Subsequently, any additional information submitted in support of the claim should be accompanied by a cover letter, following the same format as provided above, and clearly identifying the nature of the attached document(s).



5.2 Contents.

Each claim is to include the following information:

a. Regarding the seafarer:

- (i) full name (including middle name(s));
- (ii) his/her current residence address;
- (iii) legal address, if different from the current residence;
- (iv) date of birth;
- (v) place of birth (country, if outside the United States; otherwise, city and state) or citizenship;
- (vi) Social Security Number; and
- (vii) merchant mariner license and/or document number.

b. Regarding the basis of the claim:

- (i) geographic location of the vessel at the time of the alleged incident.
If at sea, indicate such, along with the next intended port of call;
if in port, identify the port by city and country;
- (ii) exact location of the alleged incident, whether aboard ship or ashore;
- (iii) time of alleged incident—year, month and day, and the local time of day, where possible;
- (iv) full and complete narrative of the facts and circumstances surrounding the alleged incident, describing how and why the alleged incident occurred;
and
- (v) to the extent known, the names, ratings, addresses and phone number of witnesses and/or others who do have or may be expected to have knowledge of the incident, including, but not limited to, the master, the seafarer's supervisor, and co-workers.

c. Regarding records of medical treatment:

- (i) all records of physicians/hospitals/clinics related to a claim arising as the result of injury, illness or death; or, if possession,
- (ii) for each physician/hospital/clinic having records relating to treatment provided as the result of the alleged incident, the name, address and phone number of the physician/hospital/clinic, along with written authorization allowing MARAD, acting through the Ship Manager as its agent, to obtain copies of all such records.





Supplement A: Processing Personal Injury Claims

d. Regarding the alleged damages:

The total dollar amount of claim, itemized as follows:

- (i) past loss of earnings or earnings capacity;
- (ii) future loss of earnings or earnings capacity;
- (iii) medical expenses paid out-of-pocket;
- (iv) pain and suffering, and
- (v) any other loss arising out of the incident (describe).

e. Regarding the seafarer's employment history:

- (i) the number of days the seafarer worked as a merchant mariner for the current calendar year as well as the two preceding calendar years (if none, so state);
- (ii) earnings received as a merchant mariner for the current calendar year as well as the two preceding calendar years (if none, so state); and
- (iii) the seafarers' union (if any) of which the seafarer was a member at the time of incident.

f. Regarding the seafarer's employment status subsequent to the alleged incident:

- (i) a copy of the medical fit-for-duty certificate issued to the seafarer, with the date the seafarer was determined to be fit for duty noted thereon; or in lieu thereof, a copy of any statement by the treating physician that states that the seafarer has reached maximum medical improvement;
- (ii) the date the seafarer signed a re-employment register as a merchant seafarer, if applicable;
- (iii) date and details of next employment as a seafarer, if applicable; or
- (iv) date and details of next employment as other than a seafarer, if applicable.

Supplement A Attachment III provides a form titled "[Seafarer's Request for Administrative Allowance of Claim](#)," as well as other material intended to provide the seafarer and/or his/her representative with a mechanism for assembling the documentation necessary to establish the existence of an administrative claim. **Note:** Because CFR Part 327 indicates that the claim may be in any form, there is no legal requirement mandating the completion and submission of the form. However, Ship Managers are encouraged to forward the packet of materials to the seafarer or his/her representative where either the seafarer or his/her representative has contacted the Ship Manager regarding a claim for personal injury arising out of the seafarer's service aboard a MARAD RRF vessel. Correspondence should indicate that, while there is no legal requirement to utilize the form, completion and submission of the form will facilitate the processing of any administrative claim arising out of incident of illness/injury occurring aboard a MARAD-owned RRF vessel.





CHARLES A. ADAMS

**COUNSELOR AT LAW
111 PARK AVENUE
SUITE 222
NEW YORK, NY 11111**

**Phone: (212) 555-4567
FAX: (212) 555-9876**

November 18, 1991

ABC Shipping Co. Inc.
999 Maritime Plaza
San Francisco, CA 94111

Subject: **SEAMAN'S REQUEST FOR ADMINISTRATIVE ALLOWANCE OF CLAIM**

**ROBERT J. COOPER
543-65-9876
ABC Shipping Co. Inc.
AMERICAN
April 24, 1991**

Gentlemen:

I represent Robert J. Cooper, a member of the crew of the vessel SS AMERICAN, in connection with a claim for damages incurred due to injuries he sustained on April 24, 1991, at approximately 8:00 PM local time, in the engine room aboard ship, while said vessel was anchored at Diego Garcia, British Indian Ocean Territories.

Pursuant to Title 46 CFR Part 327, Mr. Cooper submits the following:

Mr. Cooper was born on June 4, 1934 in Baltimore MD. His current legal and residence address is 22516 Tumbleweed Road, Bransom NM 87053.

Mr. Cooper, employed as an oiler, slipped and fell backwards while carrying a large, heavy toolbox up a freestanding engine room ladder. A film of oil which had collected on a worn ladder step made the ladder slippery. The Chief Electrician, James Green, was a witness to the accident. Prior to his injury, Mr. Cooper pointed out the defective ladder to his supervisor; however, no effective repair was made to the ladder, nor was the defective ladder replaced with a new ladder. Mr. Cooper received medical attention ashore on April 25, 1991 at Diego Garcia, when he was declared not fit for duty due to a fractured right toe. Mr. Cooper was discharged from the vessel on April 26, 1991, due to his injury. Upon return to the United States, he came under the care of Dr. Thomas Black. Dr. Black declared Mr. Cooper fit to return to sea duty on October 20, 1991. All medical records to date regarding Dr. Black's treatment of Mr. Cooper are attached. Records have been requested from the U.S. Internal Revenue Service to document Mr. Cooper's past earnings as a merchant mariner. These records will be forwarded upon receipt.

Sincerely,

Charles A. Adams

Enclosures



Supplement A: Processing Personal Injury Claims

For purposes of establishing the existence of an administrative claim, the Ship Manager must, at a minimum, have on file all items listed in Sections 5.2a through 5.2c above (information (a) regarding the seafarer [full name, Social Security Number, date and place of birth, legal and residence addresses, and merchant mariner license or document number]; (b) regarding the basis of the claim [date, time, and place of incident, along with a full narrative of how and why the incident occurred, with the names and ratings of any witnesses thereto]; and (c) regarding records of medical treatment [completed medical records release forms along with, where available, copies of all medical records relating to treatment received in connection with illness or injury sustained as a result of the incident.]) In processing any administrative claim, the Ship Manager may require the additional items of information specified in Sections 5.2d through 5.2f above (information (a) regarding the alleged damages, (b) regarding the seafarer's employment history; and (f) regarding the seafarer's employment status subsequent to the alleged incident) as required by 46 CFR Part 327 and/or other supporting documentation as appropriate. In the case where the administrative claim cannot be successfully resolved and a civil action is brought by or on behalf of the affected seafarer, the Ship Manager will assist MARAD's Office of Chief Counsel in providing documentation including, but not limited to, all items specified in Sections 5.2a through 5.2f above, as well as any other information, as required.

If the claim is for other than personal injury, illness or death, the claim shall state the nature and dollar amount of the loss and shall provide all supporting documentation to substantiate the occurrence of the alleged incident.

5.3 *Filing of claims.*

In the case of a claim due to the seafarer's death, the claim (along with all available supporting documentation) may be filed by the surviving dependent or beneficiary of the deceased seafarer, or by a legal representative designated by the dependent/beneficiary. Otherwise, a claim may be filed by either the seafarer himself/herself or by the seafarer's designated representative. Claims shall be filed either by personal delivery or by registered mail to the Ship Manager, with a copy to MARAD. The claimant shall send notice of the claim directly to the Chief, Division of Marine Insurance, at the address below:

U.S. Maritime Administration
Office of Subsidy and Insurance
MAR-575, Room 8121
400 Seventh Street SW
Washington, DC 20590

5.4 *Processing of Claims*

The Ship Manager shall maintain a record indicating the date of receipt of any each administrative claim and each document received in support thereof. The first page of the claim and each discrete supporting document received in support of the claim shall be stamped "RECEIVED" with the date of receipt noted thereon.





6. Response to Claim Submission

Upon receipt of any letter and/or documentation which establishes the existence of a valid administrative claim (see above) or serves to furnish information required to process the claim, the Ship Manager should indicate on the cover page of each discrete item the date the item was received in its offices. The Ship Manager is requested to forward an acknowledgment of the initial receipt of the claim/documentation to the seafarer and his/her legal representative (if applicable) within ten working days of the indicated date of receipt. If the claim is submitted to the Director, Office of Subsidy and Insurance, MARAD will forward an acknowledgment of receipt, with advice that any subsequent communication regarding the claim should be with the Ship Manager. The Ship Manager will be provided with a copy of any document(s) submitted in order to initiate processing of the claim.

6.1 *Response when claim is not filed in accordance with 46 CFR Part 327*

If a seafarer's representative submits only a letter advising of his/her representation of a seafarer who alleges an incident of personal injury while employed on a MARAD-owned vessel, the letter on the following page presents the preferred response that should be mailed to the seafarer's representative: The response should include the suggested form "Seafarer's Request for Administrative Allowance of Claim" and supplemental materials as provided in Supplement A Attachment III herewith.





ABC Shipping Co. Inc.

**999 Maritime Plaza
San Francisco, CA 94111
(415) 789-4567**

**SHIP MANAGER FOR THE U.S. DEPARTMENT OF TRANSPORTATION
MARITIME ADMINISTRATION**

November 25, 1991

Subject: ROBERT J. COOPER
543-65-9876
AMERICAN
April 24, 1991
Claim for alleged injury

Dear Mr. Adams:

This is to acknowledge that on November 21, 1991, we received your letter of representation, dated November 18, 1991, concerning the allegation of an incident on board the vessel AMERICAN.

This is to inform you that on the date in issue, the vessel was owned and operated by the Maritime Administration, U.S. Department of Transportation, with ABC Shipping Co. Inc. acting as its Ship Manager. If you believe that your client has a legal claim, he/she must first submit an administrative claim in accordance with the provisions of 46 CFR Part 327. You are requested to review 46 CFR Parts 327.4 and 327.5 concerning the composition and submission of an administrative claim. A copy of the relevant sections of 46 CFR Part 327, along with other materials which may be of assistance in preparing a claim, is enclosed for your reference. A claim will not be considered complete until all information required by the regulations has been provided.

All of your client's medical bills should be submitted by him/her to the his/her union medical plan for payment. Any bills not covered by the union plan must be submitted to us for review.

If your client believes that payments for maintenance and cure, unearned wages, or repatriation benefits are owed to him/her, documents supporting such payments must be provided according to 46 CFR Part 327.4

The responsibility for the provision of required medical records lies with you, or your client. Because of doctor/patient privilege, we cannot procure medical information.

This acknowledgment of receipt of your letter is not an admission of liability, or acceptance of its contents, and does not confirm that you are in compliance with Title 46 CFR Part 327, as amended.

Sincerely,

Michael C. Jones
Claims Manager

Enclosure



Supplement A: Processing Personal Injury Claims

As indicated by the second paragraph of the letter of the previous page, all Ship Managers, in their dealings with claimants and their attorneys or other representatives, should immediately make known the Government ownership of the vessel, as well as their status as Ship Manager. The purpose of such notification is to avoid confusion among claimants and their attorneys due to erroneous identification of the owner of the vessel.

6.2 *Response when claim is in accordance with 46 CFR Part 327*

The Ship Manager is required to recognize those situations whereby the seafarer's representative makes reference to [Title 46 CFR Part 327](#), and has provided some, but not all, of the documentation required by the regulations. In this situation, the Ship Manager should respond by mailing a letter to the seafarer's representative acknowledging receipt of the claim/documentation and advising of the requirement for additional documentation. The additional documentation items that are needed should be specified. The following is a sample response. The sample response is written to address the assumption that the individual submitting the claim failed to submit information that would support lost earnings relevant to the claimed interruption of a conscientious employee's earnings capacity.





ABC Shipping Co. Inc.

999 Maritime Plaza
San Francisco, CA 94111
(415) 789-4567

**SHIP MANAGER FOR THE U.S. DEPARTMENT OF TRANSPORTATION
MARITIME ADMINISTRATION**

November 25, 1991

Subject: SEAMAN'S REQUEST FOR ADMINISTRATIVE ALLOWANCE OF CLAIM
ROBERT J. COOPER
543-65-9876
AMERICAN
April 24, 1991

Dear Mr. Adams:

1. Regarding your claim for personal injury, please specify the exact amount of compensation, if any, sought by the claimant as the object of his/her administrative claim. If any portion of that amount represents compensation for lost wages due to the alleged injury, please provide the following:

An official record from the U.S. Coast Guard's Merchant Mariner Documentation System (MMDocs) of the claimant's employment as a merchant seaman for two continuous years, including the year in which the alleged injury occurred. This information can be obtained by the claimant (or his/her authorized representative) upon request from:

Commandant
U.S. Coast Guard Headquarters
2100 Second Street SW
Washington, DC 20590

Attn: Chief, Seaman's Documentation and Records Branch
(GVMP-1/12)

2. If any portion of any amount referenced in paragraph one (1) represents compensation for any unpaid medical expenses incurred due to the alleged injury, please provide copies of all billing statements in connection therewith.

Sincerely,

Michael C. Jones
Claims Manager



Supplement A: Processing Personal Injury Claims

Alternatively, the Ship Manager may elect to contact the seafarer or his/her representative via regular mail or facsimile by the use of a document that provides a list of all requested items of documentation, and indicates by a check mark or other like symbol those that have been received or those that remain to be obtained. A sample facsimile form that can be used for this purpose is included as [Supplement A Appendix IV](#). Copies of this facsimile form, with appropriate Ship Manager name, may be obtained upon request to the Maritime Administration or, alternatively, the Ship Manager may develop such a form. [Section 5.2](#) above may be used as a guide to the items of documentation to be requested.

7. Calculation of Estimated Reserve Against Claim

Supplement A Appendix V presents a worksheet entitled [ESTIMATED RESERVE AGAINST CLAIM \(Form MA-1004\)](#), which presents a series of standardized calculations for deriving a recommended dollar reserve against a claim for compensatory damages. A sample [ESTIMATED RESERVE AGAINST CLAIM](#) worksheet, completed for a hypothetical case, the dates for which are given on the diagram labeled "[Employment History of Injured Ready Reserve Vessel Seafarer](#)," is provided for your guidance.

To derive the recommended reserve, several items of information must be known: specifically, dates that span the period from the date of the incident to the date the seafarer returns to shipboard employment (or other gainful employment). These dates include:

- Date of incident
- Date initially found Not Fit For Duty (NFFD)
- Date of discharge
- Voyage termination date (if seafarer employed on foreign voyage)
- Date found Fit For Duty (or date found to have reached Maximum Medical Improvement)

Additionally, the seafarer's actual monthly wage or daily wage rate for the period he/she was employed aboard the vessel must be known, along with the amount of unearned wages paid (if any). The number of days vacation earned for every 30 days shipboard employment (usually specified by union contract) must also be known in order to calculate the dollar value of lost vacation days. These formulae present a suggested methodology for calculation of the estimated unearned wage benefits as well as compensatory damages. It is suggested that this methodology be used in preparing a Work Order Request (discussed below). The completed *ESTIMATED RESERVE AGAINST CLAIM* worksheet should be submitted with the Work Order Request as a mean of documenting the funding amount requested. The Ship Manager is required to submit the worksheet *ESTIMATED RESERVE AGAINST CLAIM* as soon as practicable after a claim is presented, notwithstanding that one (generally the Date found Fit For Duty (or date found to have reached maximum medical improvement) or more of the dates needed to complete the calculations may not be known. In that case, the Ship Manager is requested to provide an estimate of the date(s) in question and complete the calculations based on the assumed date(s). If, during the course of the administrative processing of the claim, any of the above dates are revised, the Ship Manager is required to submit an updated worksheet based on the revised date(s).





Supplement A: Processing Personal Injury Claims

The Ship Manager shall forward one copy of each newly completed or revised [ESTIMATED RESERVE AGAINST CLAIM](#) worksheet to the following address:

U.S. Maritime Administration
Chief, Division of Marine Insurance
MAR-575, Room 8121
400 Seventh Street SW
Washington, DC 20590

(a) *Estimated reserve against claim \$20,000 or less*

If, as the result of calculations presented on the worksheet *ESTIMATED RESERVE AGAINST CLAIM* the estimated reserve is equal or less than \$20,000, the Ship Manager is delegated complete, independent responsibility for the administrative resolution of the claim. The Ship Manager shall obtain all documentation required to process the claim and maintain such documentation on file to be made available to MARAD upon request.

The Ship Manager shall, in addition to documentation required to be submitted by the seafarer or his/her representative, review available shipboard records and reports prepared by shipboard personnel and statements of witnesses (if any) to the incident resulting in the alleged illness/injury to determine the circumstances from which the illness/injury arose and incorporated in the [Personal Injury Report Package](#), as well as other documentation identified below:

1. Report of any pre-sign-on physical examination considered necessary to establish seafarer's fitness for sea duty.
2. Any available Marine Index Bureau report. Information obtained from the MIB shall be examined to establish a record of prior like illness/injury (if any) and to determine if any other claims are outstanding.
3. Copies of the seafarer's pay vouchers incorporating the period from the date of sign-on through the date of sign-off to establish amount of seafarer's lost wages and benefits.
4. A copy of the crew list for the voyage and, if different, a copy of the crew list on the date of incident to establish the names and ratings of crew members who could have been expected to have witnessed the seafarer's injury.
5. The latest available address (business and home) and telephone number of each person to have completed and signed a [STATEMENT OF WITNESS TO OR PERSON NEARBY SCENE OF REPORTED ACCIDENT](#).
6. Duty status slips from any treating physician/hospital/clinic advising that, as a result of the alleged illness/injury, the seafarer is not fit for shipboard duty and indicating probable period of disability.
7. Duty status slip from any treating physician/hospital/clinic advising that the seafarer is fit for full shipboard duty or otherwise has reached maximum medical improvement. 

Supplement A: Processing Personal Injury Claims

8. Any medical reports from a physician/hospital/clinic to whom the seafarer is sent for medical attention concerning the alleged illness/injury made available to the Ship Manager. These should contain the name, address and telephone number of the facility and/or attending physician and a narrative of findings/diagnosis and treatment provided, along with billing statements for treatment provided.
9. If requested or approved by MARAD, any report of an independent medical examination of the seafarer required to establish the seafarer's fitness for sea duty following an alleged incident of illness/injury. Upon receipt of MARAD approval, the expenses incurred for the development of such report should be paid promptly by the Ship Manager and allocated to the individual claim as an expense to be reimbursed by MARAD. Any material developed as a result of the independent medical examination is the property of MARAD.
10. If requested or approved by MARAD, copies of any private investigative reports and, if available, videotapes of the seafarer's physical activity subsequent to the incident undertaken to establish the nature and extent of the seafarer's continued disability, if any. Upon receipt of MARAD approval, the expenses incurred for the development of such report should be paid promptly by the Ship Manager and allocated to the individual claim as an expense to be reimbursed by MARAD. Any material developed as a result of the investigation is the property of MARAD.
11. An evaluation of the merit of the claim and estimated settlement value. In the case of claim due to an alleged injury, the evaluation should address:
 - (a) the circumstances surrounding the incident;
 - (b) the conditions at the time of the accident and whether they contributed to the accident;
 - (c) whether the injured party in any way contributed to the accident or whether there was any obvious negligence on the part of a third party.
12. A copy of the vessel's medical log, deck log, and official log entry or entries for the date(s) of the seafarer's illness/injury and, if relevant, his/her departure from the vessel.

If the Ship Manager concludes, from its examination of available documentation, that an administrative claim is valid, a non-litigated compromise is to be proposed within the authorized limit in order to compensate the seafarer for losses sustained as a result of the alleged illness/injury. Amounts offered as part of a negotiated settlement are to be based, in part, on calculations used to derive a recommended reserve against claim, as well as the physical consequences of the incident. Among the issues reviewed should be: (a) whether a complete administrative claim has been submitted by the claimant; (b) whether the incident was due, in whole or in part, by any instance of negligence or unseaworthiness; (c) the seriousness of the injury; (d) the duration of medical care; (e) the duration of any rehabilitation; and (f) the physician's prognosis for a full recovery.





Supplement A: Processing Personal Injury Claims

An evaluation of these issues results in the determination that the seafarer has suffered an injury described as:

permanently totally disabling—meaning that the seafarer is totally unable to work and the seafarer cannot be expected to return to any form of gainful employment;

permanently partially disabling—meaning that the seafarer never recovers from his/her injury and will never return to shipboard employment but will be able to pursue some other form of gainful employment;

temporarily totally disabling—meaning that the seafarer is totally unable to work but the incapacitating injury is temporary and the seafarer can return to gainful shipboard employment when healed;

temporarily partially disabling—meaning that the seafarer can do some work but cannot work at full capacity in his/her usual shipboard occupation until the injury is completely healed;

If, after review of available documentation, the Ship Manager concludes that the claim is valid, the Ship Manager may independently enter into negotiations for a compromise settlement of claim where the proposed settlement sum is less than or equal to \$20,000. When any such settlement offer is accepted, the Ship Manager shall forward in triplicate, the form titled “[RELEASE OF ALL RIGHTS](#)” (see below) to the claimant. The claimant shall sign and date each of the three releases. Upon receipt of the signed and dated releases, the Ship Manager shall forward one copy to the address below:

U.S. Maritime Administration
Chief, Division of Marine Insurance
MAR-575, Room 8121
400 Seventh Street SW
Washington, DC 20590

(b) *Estimated reserve against claim greater than \$20,000*

If, as the result of calculations presented on the worksheet [ESTIMATED RESERVE AGAINST CLAIM](#) the estimated reserve is greater than \$20,000, responsibility for the administrative resolution of the claim shall be transferred to MARAD. The Ship Manager shall immediately prepare [Form MA-1003 titled DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY](#), completed to the extent possible based on documentation in hand, and forward the form, along with a copy of the completed *ESTIMATED RESERVE AGAINST CLAIM* worksheet, to the following address:

U.S. Maritime Administration
Chief, Division of Marine Insurance
MAR-575, Room 8121
400 Seventh Street SW
Washington, DC 20590





Supplement A: Processing Personal Injury Claims

Supplement A Appendix VI provides a copy of the form [DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY](#) and, for some of the form boxes, selection lists from which the most appropriate answer may be selected.

As soon as possible thereafter, the Ship Manager shall forward to the address above, (1) a copy of any documentation in support of the claim submitted by the claimant or his/her representative, (2) the [Personal Injury Report Package](#), with all forms completed, as applicable, and (3) any other information developed by the Ship Manager with respect to the claim. Any documentation subsequently received by the Ship Manager regarding the claim shall be forwarded to MARAD.

8. Ship Manager's Settlement Authority

Under this contract, the Ship Manager's authority to negotiate a compromise settlement of an administrative claim is limited to offering the claimant up to twenty thousand dollars (\$20,000.00). The \$20,000 settlement authority is for compensatory damages and does not include maintenance and cure, repatriation expense, unearned wages or other miscellaneous expenditures previously paid the seafarer. If the maximum offer of \$20,000 for compensatory damages is rejected by the claimant or his/her representative, the Ship Manager shall refer the claim to the Director, Office of Subsidy and Insurance.

The Ship Manager is authorized to enter into negotiations with either the injured seafarer or his/her representative in order to obtain a compromise settlement where the computed reserve does not exceed \$20,000. If a compromise settlement is agreed to, the Ship Manager shall obtain a signed, notarized release, whereby the seafarer discharges MARAD, and, in turn, the Ship Manager, from liability for all damages, in exchange for the payment of monetary damages, in a specified amount.

Work Order Request

Upon receipt of any notice indicating that the seafarer seeks the administrative allowance of claim, the Ship Manager shall complete the [Form MA-1004 ESTIMATED RESERVE AGAINST CLAIM](#) (discussed above) and shall request from the Contracting Officer's Technical Representative (COTR) a work order for funding liability expenses, which amount shall include miscellaneous expenditures discussed in Section 4 (Expenses Incurred on Behalf of Ill/Injured Seafarer) above, as well as unearned wages, estimated total expenditures for maintenance and cure, and the estimated reserve against claim (as calculated). To document the estimate for compensatory damages, the work order request shall be accompanied by the worksheet [ESTIMATED RESERVE AGAINST CLAIM](#) and other documentation (medical billing statements, voyage pay vouchers, etc.) as considered necessary to account for expenditures incurred by the Ship Manager on behalf of the ill/injured seafarer.

A copy of the request for work order shall be mailed to the Contracting Officer's Technical Representative (address to be announced at time of contract award).





9. RELEASE OF ALL RIGHTS

If the claimant accepts a monetary offer made the Ship Manager within the limits of the settlement authority herein granted or otherwise, with the permission of MARAD, the Ship Manager shall obtain from MARAD a form titled **RELEASE OF ALL RIGHTS**, otherwise known as a “RED LETTER RELEASE,” to be prepared by the Ship Manager and then forwarded to the seafarer or his/her representative. Alternatively, an acceptable release form—known as form S 618 “Seaman’s Release”—may be obtained from

Blumberg Law Products
Julius Blumberg, Inc., Publisher
New York, New York 10013

The release shall be completed, as applicable, by the Ship Manager. The Ship Manager shall indicate on the form the amount of the agreed settlement and other language, as appropriate. The Ship Manager shall specify in the release the amount of money offered as compensatory damages and state that the claimant is releasing the United States of America, the United States Department of Transportation, the Maritime Administration, the Ship Manager and the vessel from all liability for the alleged illness/injury suffered by the seafarer while employed aboard the vessel between the date of the seafarer’s sign-on and the date of the seafarer’s sign-off, and particularly on the date of the alleged illness injury.

Upon its completion by the Ship Manager, as appropriate, the release is be forwarded to the claimant or the claimant’s representative for signature by the claimant. The claimant’s signature shall be witnessed by three individuals and then notarized by a duly authorized notary public.

For all settlements effected by the Ship Manager, the Ship Manager shall forward a copy of the signed and dated release to MARAD at the following address:

U.S. Maritime Administration
MAR-575, Room 8121
400 Seventh St. SW
Washington, DC 20590

Likewise, for all settlements effected by MARAD, MARAD shall forward to the Ship Manager a copy of the signed and dated release.





CAUTION: The Ship Manager shall not negotiate a settlement if the claim is involved in litigation. MARAD itself has no authority to do so. This authority belongs solely to the U.S. Department of Justice. Ship Managers are not to pursue a compromise resolution of any civil action brought by the claimant but shall furnish immediate notice of all suits to:

U.S. Department of Justice
Torts Branch, Civil Division
P.O. Box 14271
Washington, DC 20044-4271

and copy to:

U.S. Department of Transportation
Maritime Administration
Director, Office of Subsidy and Insurance
MAR-570, Room 8117
400 Seventh Street SW
Washington, DC 20590

10. Ship Manager's Quarterly Report

Ship Managers shall submit, within 30 days following the close of the calendar quarter, a report of all "qualifying" incidents of personal injury sustained aboard those MARAD vessels for which they act as Ship Manager. A "qualifying" incident is defined as one involving illness and/or injury where the ill/injured seafarer was found Not Fit For Duty for a period of at least 24 continuous hours.

Each quarterly report shall include a separate entry for each qualifying incident. If possible, the report should be grouped by seafarer name (last, first, middle). Each entry should include the following items of information (as applicable):

- Seafarer's full name (last, first middle or middle initial)
- Seafarer's Social Security Number
- Name of vessel on which the incident is alleged to have occurred
- Claim department's incident reference identification (if any)
- Voyage identification number
- Date of incident
- Nature of illness/injury
- Part(s) of the body affected
- Repatriation expense
- Sum of maintenance payments to date
- Sum of cure payments to date
- Whether the seafarer is fit for duty or has reached maximum medical improvement
- Estimated dollar reserve for compensatory damages
- Whether an administrative claim has been filed
- If yes, date claim asserted
- If yes, name of attorney (or other representative)





Supplement A: Processing Personal Injury Claims

One copy of this report shall be mailed to each of the following addresses:

U.S. Department of Transportation
Maritime Administration
Director, Office of Subsidy and Insurance
MAR-575, Room 8121
4090 Seventh Street SW
Washington, DC 20589

U.S. Department of Transportation
Maritime Administration
Director, Office of Acquisition
MAR-383, Room 7314
400 Seventh Street SW
Washington, DC 20590

U.S. Department of Transportation
Maritime Administration
Director, Office of Ship Operations
MAR-610, Room 2122
400 Seventh Street SW
Washington, DC 20590
Administrative Contracting Officer
Contracting Officer's Technical Representative
(address announced at time of contract issue)

Personal injury or illness claims previously submitted by members of the crew but reported in a previous report as closed (i.e. maintenance and cure payments have terminated with no administrative claim filed) do not need to be included in subsequent quarterly reports unless the claim has been reopened or additional expenditures have been made since the incident was reported as closed.

If a personal injury claim remains unsettled after two years from the date of incident, the Director, Office of Subsidy and Insurance must be consulted before any further action may be taken with respect to the claim. ■



Attachment J-3/Supplement B: Processing Personal Injury & Property Damage/Loss Claims

Introduction

These insurance instructions specify responsibilities and duties that a Ship Manager's designated employee(s) must be capable of accomplishing in the event a MARAD-owned vessel either incurs property damage, causes property damage, or causes third-party personal injury. These instructions are issued separate from seamen claim processing instructions because the ***Ship Manager is not authorized to negotiate settlement of third-party personal injury claims or property damage claims.***

Property covered by these instructions consists of: the MARAD-owned vessel; other vessels; structures existing along waterways such as piers, buoys, wharves; and shoreside equipment such as transportation machinery or buildings. Third-party personal injury identifies persons who are not seamen, but who are visiting or employed aboard the vessel, or who are shoreside persons injured directly or indirectly by accidents aboard the MARAD-owned vessel.

General topics describing Ship Manager's responsibilities and duties are indexed as:

- 1. Maintaining Required Records**
- 2. Accident Reporting**
- 3. Responsibilities and Duties**
- 4. Claim Resolution Process**

A fuller description of each of these index areas is provided on the following pages.





1. Maintaining Required Records

Logs and Related Forms

The Ship Manager is responsible for maintaining the vessel's original logs and records, and completed forms on file with the Ship Manager's contract. Information related to property damage shall be recorded in the appropriate departmental log and the Ship's Deck Log. In every case of collision in which it is practicable to do so, the Master shall, immediately after the occurrence, cause a statement thereof, and of the circumstances under which the same occurred, to be entered into the official logbook.

All original log records and completed forms are to be turned over to MARAD's Administrative Contracting Officer or his/her designated representative upon completion/termination of this contract.

Ship's Deck Log

The Ship Manager shall maintain a Ship's Deck Log on board the vessel wherein dated occurrences of property damage or third-party injuries are recorded. Recorded entries should describe the circumstances of the event causing the injury or property damage and identify the injured person or the damaged property. Identification of the damaged property can be referenced by location according to area of the vessel's hull, its electrical equipment, machinery, boilers, fuel supply or fuel system, stores and provisions for the crew and officers, and the ordinary fittings requisite for the trade in which the vessel is operating. The damaged property shall be specifically identified and recorded in the Ship's Deck Log and the recording person shall confirm that the departmental supervisor has entered a substantiating report of the events in the departmental log. The Ship's Deck Log shall be countersigned daily by the Master.

If a second Ship's Deck Log is required on any voyage, the cover should be noted "Part one of two" or "Part two of two" with the pages of the second log consecutively numbered (for example, if the last page of Part 1 is 78, the first page of Part 2 will be 79).

Departmental Log

Each departmental section on board the Ship shall maintain its own log. All accidental injury or damage occurrences resulting from operations in that department or caused by equipment employed in that department shall be reported to the departmental supervisor and recorded by the departmental supervisor in that log. Furthermore, the identity of any and all witnesses to the event will be recorded. The Departmental Log shall be countersigned daily by the departmental officer and the vessel's Master.



2. Accident Reporting

Accident Reporting to the United States Coast Guard

All Ship Managers are required to immediately notify the United States Coast Guard (USCG) whenever property damage or third-party injury results from an accident involving a MARAD-owned vessel wherever the accident may occur. The Master shall complete U.S. Coast Guard [Form CG-2692](#), entitled [Report of Marine Accident, Injury or Death](#), which is included in the Personal Injury Report Package. The Master should then forward the completed form to the Ship Manager, who shall review the form to ensure that all required information has been provided. When this review is complete, the Ship Manager shall forward the original of the completed form to the U.S. Coast Guard district office nearest the home port of the vessel, and shall retain one copy for files. If the incident is a result of gross negligence on the part of the Ship Manager, the Ship Manager shall be responsible for all costs associated with filing *Form CG-2692*, and furthermore, shall be responsible for any and all expenses resulting from a USCG investigation performed as a consequence of the filing of *Form CG-2692*. If the incident is not the result of the Ship Manager's gross negligence, expense submitted for payment by the Coast Guard shall be reimbursable. Regulations concerning USCG investigations are located in Title 46 Code of Federal Regulations (CFR) Part 4.

Accident Reporting to the U.S. Maritime Administration

If a visitor employee who is not a seafarer aboard the MARAD-owned vessel suffers and injury or illness, or the vessel or other U.S. Government property is damaged, the Ship manager shall complete [Form MA-1007](#), entitled [Report of Third-Party Injury and/or Property Damage](#), and forward the original to the Safety and Health Manager (MAR 310.2) within 48 hours after the accident or illness; with copies to: Office of Chief Counsel (MAR-220); Director, Office of Ship Operations (MAR-740); Administrative Contracting Officer (ACO) and the assigned Contracting Officer's Technical Representative (COTR). *Form MAR-1007* (copy attached) shall be completed by the supervisor having jurisdiction over the area/employee where the accident or mishap occurred. If the accident is one that results in death, inpatient hospitalization of five or more employees or involves both federal and non-federal employees, or the destruction or damage of \$100,000 or more to MARAD property, the Ship Manager shall telephone (202) 366-2622 or telex (202) 554-2054 with the immediate notification of accident and follow up the verbal report with *Form MA-1007* within 48 hours. The written report shall be accompanied by correspondence explaining all pertinent facts of the accident or injuries, cause and description, date, time, location and estimate of value of damage loss.





Cadets Enrolled in Maritime Service

When crew members are injured on board the MARAD-owned vessel while employed under the educational programs of State Merchant Marine academies or the U.S. Merchant Marine Academy, the Ship Manager shall forward a report describing the occurrence to the attention of MARAD's Office of Labor and Training, with confirming communication to the Superintendent of the Maritime Academy at which the crew member is a student. A written report shall follow the verbal communication.

Quarterly Report of Claims

Ship Managers shall submit four reports dated April, July, October, of the current year and January of the succeeding year. Each report shall identify all third-party personal injuries and property damage resulting from an accidental occurrence involving a MARAD-owned vessel for each calendar year this Ship Manager contract is effective. The Ship Managers' report shall identify the vessel upon which such damage or losses occurred. These quarterly reports shall be submitted within 30 days of the calendar quarter's conclusion. Copies of this report shall be mailed to: Administrative Contracting Officer (address announced at time of contract issue); and copies to Director, Office of Subsidy and Insurance (MAR-570); Chief, Division of Marine Acquisition, Office of Acquisition (MAR-383); Office of Ship Operations (MAR-610); and Office of Chief Counsel (MAR-220); all at the following address:

U.S. Maritime Administration
400 Seventh Street SW
Washington, DC 20590

The report shall be record of accidental loss or damage to persons or property described on the first page of these instructions and losses such as fines and penalties related to property damage/loss claims. A claim previously filed reported as closed does not need to be included in subsequent quarterly reports unless it has been re-opened. The Director, Office of Subsidy and Insurance, and the Chief, Division of Marine Acquisition must be consulted prior to taking action on property damage or loss claims submitted two years or longer after the occurrence of the damage or loss.





3. Responsibilities and Duties

Damage to Docks, Buoys, Wharves, Piers, Buildings, etc.

When a MARAD-owned vessel operated by a Ship Manager causes damage to this paragraph's subject property owned by either State Government agencies, private entities or other United States Government agencies, a letter reporting the accidental occurrence and/or loss circumstances should immediately be sent to the Office of Chief Counsel with a copy to:

Administrative Contracting Officer
(address announced at time of contract award) and copies to:

Director, Office of Subsidy and Insurance (MAR-570)
Chief, Division of Marine Acquisition,
Office of Acquisition (MAR-383)
Office of Ship Operations (MAR-610)
Office of Chief Counsel (MAR-220)

all at the following address:

U.S. Maritime Administration
400 Seventh Street SW
Washington, DC 20590

The Ship Manager shall enclose with the report or submit to the aforementioned addresses as soon as possible a copy of completed Forms CG-2692 and MAR-1007.

Fines and Penalties

The Ship Manager shall be responsible to pay any fines or penalties which are asserted by a responsible national authority against the MARAD-owned vessel consequent to gross negligence on the part of the Ship Manager. The Ship Manager shall be responsible (on a reimbursable basis) to pay any fines or penalties which are asserted by a responsible national authority against the MARAD-owned vessel consequent to activity not based on gross negligence. Fines or penalties could be levied against the vessel for a minor amount such as \$200.00 payable at time of violation. If the Master is unable to pay the fine or penalty, and the fine or penalty could impede the vessel's mission, the Ship Manager is authorized to either (a) on a reimbursable basis, engage a representative to obtain a bond or other requisite payment, or (b) request MARAD, through the ACO (or COTR if amount is less than \$5,000) to pay the fines and penalties directly.





Supplement B: Processing Personal Injury & Property Damage/Loss Claims

When a fine is imposed because of contraband found on the vessel in the possession of one or more crew members of the vessel, the Master is authorized to deduct the amount of the fine from the wages of the crew member(s) responsible.

A full report of the circumstances surrounding the engagement of a representative and assertion of any fine or penalty will be furnished immediately accompanied by a work order requesting funds to: the Administrative Contracting Officer at the address to be announced at the time of contract issue, and a copy of the report shall be sent to Directors, Office of Subsidy and Insurance (MAR-570), and Office of the Chief Counsel (MAR-220), at the address given above.

Damage Caused Otherwise than by Collision

When Ship Manager's vessel causes damage to other vessels, craft or property on board other vessels, or craft owned by United States Government Agencies including other MARAD vessels, a report should immediately be made to the Directors, Office of Subsidy and Insurance (MAR-570); Office of Chief Counsel (MAR-220); Safety and Health Manager (MAR-310.2) at the address provided, and the cognizant Administrative Contracting Officer.



4. *Claim Resolution Process*

Under these insurance instructions, which grant the Ship Manager limited responsibilities and duties to pay fines and penalties on a reimbursable basis, the Ship Manager shall not engage in negotiations with any party for the purpose of resolving issues involving a MARAD-owned vessel and payment for either property damage or loss arising out of collision, or third party liability.

To pay fines and penalties not caused by the gross negligence of the Ship Manager, the Ship Manager shall submit a work order and an explanation letter to the ACO with copies to Director, Office of Subsidy and Insurance; and the Office of Chief Counsel, Maritime Administration, explaining the reasons for the fines and penalties incurred for the purpose of reimbursable funding.

Other than as described herein, the Ship Manager shall only be responsible for notifying MARAD personnel of all property damage or loss by filing quarterly reports, a completed [Form CG-2692](#), and [MAR-1007](#), all of which shall be accompanied by explanatory correspondence describing the accident and the manner in which it occurred. These reports shall be sent to MARAD, Director, Office of Subsidy and Insurance (MAR-570), the Office of the Chief Counsel (MAR-220), and the Chief, Division of Marine Acquisition (MAR-383), and the Office of Ship Operations (MAR-610).

In the event the Ship Manager receives a legal complaint demanding recovery for damages, the Ship Manager shall furnish immediate notice of such service to:

Director, Office of Subsidy and Insurance
Maritime Administration
U.S. Department of Transportation
Room 8117
400 Seventh Street SW
Washington, DC 20590

Office of the Chief Counsel
Maritime Administration
U.S. Department of Transportation
Room 7232
400 Seventh Street SW
Washington, DC 20590





Supplement B: Processing Personal Injury & Property Damage/Loss Claims

Chief, Division of Marine Acquisition
Office of Acquisition
Maritime Administration
U.S. Department of Transportation
Room 7320
400 Seventh Street SW
Washington, DC 20590
REF: Contract Number ([insert contract number])

Administrative Contracting Officer
(address to be announced at time of contract issue)

and

U.S. Department of Justice
Civil Division
Admiralty and Shipping Section
Washington, DC 20530

In addition to notifying the above entities, all Ship Managers, in their dealings with plaintiffs and their attorneys, should immediately make known the Government ownership of the vessel as well as their status as Ship Manager, using phraseology such as the following:

“At the time of the alleged incident the SS [insert name of vessel] was owned by the U.S. Maritime Administration and was being operated by [insert nameplate of Ship Manager] in the capacity of Ship Manager.”

The purpose of such notification is to avoid confusion among claimants and their attorneys, causing erroneous identification of the owner of the vessel.

Correspondence

All correspondence on claims shall clearly indicate the Maritime Administration’s contract number (to be provided at time of award), and the name, telephone number and address of the Principal Contracting Officer and Administrative Contracting Officer.





FORMS INDEX

Attachment J.3: Supplements A & B

NOTE: Form may be viewed for printing by selecting hyperlink (blue copy)

FORM MA-1001 Serious Illness/Injury Report Package (Checklist)

FORM MA-1001A Background information regarding seafarer (Seafarer Data Sheet)

FORM MA-1001B Seafarer's Statement of Physical Condition

C.G. FORM 705 A Particulars of Engagement and Discharge

FORM MA-1001C Initial Report of Personal Illness/Injury

FORM MA-1001D Statement of Individual Reporting Injury

FORM MA-1001E Master's Report of Request for Medical Attention

FORM MA-1001F Reporting of Attending Dentist/Physician

FORM MA-1001G Report of Investigation of Serious Illness/Injury

FORM MA-1001H Statement of Witness to or Person Nearby Scene of Reported Accident

FORM MA-1001I Statement of Non-Witness to Personal Injury Incident

U.S. COAST GUARD **FORM 2692**

U.S. COAST GUARD **FORM 2692B**

FORM MA-1001J Evidence List

Form MA-269 Designation or Change of Beneficiary for Second Seaman's War Risk Insurance

Appendix III: Seafarer's Request for Administrative Allowance of Claim

Appendix IV: Sample Facsimile to Be Sent to Attorney/Other Representative Indicating Claim Deficiencies
Worksheet: Estimated Reserve Against Claim
Completed Worksheet for Example Claim of Seafarer Robert J. Cooper

Appendix VI: Documentation of Incident of Illness/Injury

FORM MA-1007 Report of Third-Party Injury and/or Property Damage ■



 <p>U.S. Department of Transportation Maritime Administration</p>	<p>SERIOUS ILLNESS/INJURY REPORT PACKAGE</p>	<p>OMB Control No. 9000-0077 Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh St. SW, Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.</p>
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TO: _____
FROM: _____

<i>Master</i>	<i>Date Mailed</i>	<i>Port</i>

<i>Seafarer</i>	<i>Social Security Number</i>	<i>Vessel</i>	<i>Date of Incident</i>

.....
IF THE AFFECTED SEAFARER WAS LOGGED FOR MISCONDUCT, ANSWER QUESTIONS BELOW
.....

Was breathalyzer test given? Yes No
If NO, state reason: _____
Were persons involved asked to supply specimen for drug analysis? Yes No
If NO, state reason: _____
Name and rating of person administering any test(s): _____

<i>Name(s) of Person(s) Tested</i>	<i>Breathalyzer Test</i>	<i>Drug Analysis</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Item	Included
Seafarer Data Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
USCG Form CG-705A Particulars of Engagement and Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seafarer's Statement of Physical Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Report of Illness/Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Individual Reporting Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Master's Report of Request for Medical Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No
Report of Attending Dentist/Physician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Report of Investigation of Serious Illness/Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Witness or Person Nearby Scene of Reported Accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement of Non-Witness to Personal Injury Incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
USCG Form 2692 Report of Marine Accident/Injury or Death	<input type="checkbox"/> Yes <input type="checkbox"/> No
USCG Form 2692B Report of Required Chemical Drug & Alcohol Testing...	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photograph(s) and/or diagram(s) of accident scene	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence List	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of medical log entries, including record of any consultation with MAS	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copies of applicable deck/engine/official log entries & message traffic	<input type="checkbox"/> Yes <input type="checkbox"/> No



U.S. Department of Transportation
Maritime Administration

**SEAFARER'S
STATEMENT OF
PHYSICAL CONDITION**

OMB Control No. 9000-0077
Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh Street, S.W., Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.

Seafarer's Name: _____ SSN: _____ Date of Birth: _____

Height: _____ Weight: _____ Color hair: _____ Color eyes: _____ Rating: _____

Company: _____ Vessel: _____ Date of Hire: _____

NOTE: The vessel to which you are assigned is owned and operated by the U.S. Government through the U.S. Department of Transportation, Maritime Administration. The U.S. Criminal Code makes it a criminal offense for any person knowingly to make a false statement or representation to, or to conceal a material fact from, any department or agency of the United States as to any matter within its jurisdiction (18 U.S.C. 1001) or to file a false, fictitious or fraudulent claim against the United States (18 U.S.C. 287).

Medical History. For each question, please check appropriate box; provide details on additional blank page for any "Yes" answers.

Within the last 3 years have you ever:

- | | | |
|--|--------------------------|--------------------------|
| | No | Yes |
| Been operated on | <input type="checkbox"/> | <input type="checkbox"/> |
| Been advised to have an operation | <input type="checkbox"/> | <input type="checkbox"/> |
| Been a patient in a hospital or other | <input type="checkbox"/> | <input type="checkbox"/> |
| Been seriously injured | <input type="checkbox"/> | <input type="checkbox"/> |
| Been refused employment for health reasons | <input type="checkbox"/> | <input type="checkbox"/> |
| Been forced to give up a job for health | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever:

- | | | |
|---|--------------------------|--------------------------|
| | No | Yes |
| Received Worker's Compensation | <input type="checkbox"/> | <input type="checkbox"/> |
| Received a pension for disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Been rejected for military service for health reasons | <input type="checkbox"/> | <input type="checkbox"/> |
| Been discharged from military service for health | <input type="checkbox"/> | <input type="checkbox"/> |
| Been refused life insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Been refused a driver's license for health reasons | <input type="checkbox"/> | <input type="checkbox"/> |

Do you ever have:

- | | | |
|-----------------------|--------------------------|--------------------------|
| | No | Yes |
| Reaction to medicines | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaction to oils | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaction to chemicals | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin rashes or eczema | <input type="checkbox"/> | <input type="checkbox"/> |

Do you ever have:

- | | | |
|------------------------|--------------------------|--------------------------|
| | No | Yes |
| Stomach ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent nausea | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent bowel trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent diarrhea | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia or rupture | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had:

- | | | |
|-------------------------|--------------------------|--------------------------|
| | No | Yes |
| Surgery on/in the ear | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic ringing of ears | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty with balance | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had:

- | | | |
|---------------------------|--------------------------|--------------------------|
| | No | Yes |
| Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| Hay fever | <input type="checkbox"/> | <input type="checkbox"/> |
| Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| Tightness of chest | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequent or chronic cough | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| Emphysema | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you smoke cigarettes | <input type="checkbox"/> | <input type="checkbox"/> |
| Packs per day: _____ | | |
| How many years: _____ | | |

Have you ever had:

- | | | |
|---------------------|--------------------------|--------------------------|
| | No | Yes |
| Fits or convulsions | <input type="checkbox"/> | <input type="checkbox"/> |
| Head injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| Paralysis | <input type="checkbox"/> | <input type="checkbox"/> |
| Numbness-hands/feet | <input type="checkbox"/> | <input type="checkbox"/> |
| Double vision | <input type="checkbox"/> | <input type="checkbox"/> |
| Severe headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| Migraine headaches | <input type="checkbox"/> | <input type="checkbox"/> |
| Dizzy spells | <input type="checkbox"/> | <input type="checkbox"/> |
| Nervous breakdown | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had:

- | | | |
|------------------------|--------------------------|--------------------------|
| | No | Yes |
| Blood in urine | <input type="checkbox"/> | <input type="checkbox"/> |
| Kidney trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Urination difficulties | <input type="checkbox"/> | <input type="checkbox"/> |
| Bladder trouble | <input type="checkbox"/> | <input type="checkbox"/> |
- Have you ever had:**
- | | | |
|----------------------|--------------------------|--------------------------|
| | No | Yes |
| Liver trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| Jaundice | <input type="checkbox"/> | <input type="checkbox"/> |
| Gall bladder trouble | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had:

- | | | |
|---------------------|--------------------------|--------------------------|
| | No | Yes |
| High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart attack | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| Swelling of ankles | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting spells | <input type="checkbox"/> | <input type="checkbox"/> |
| Varicose veins | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever had:

- | | | |
|-------------------------|--------------------------|--------------------------|
| | No | Yes |
| Back trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| Back injury | <input type="checkbox"/> | <input type="checkbox"/> |
| Back surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| Back pain on lifting | <input type="checkbox"/> | <input type="checkbox"/> |
| Knee surgery | <input type="checkbox"/> | <input type="checkbox"/> |
| Swollen joints | <input type="checkbox"/> | <input type="checkbox"/> |
| Dislocated shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| Rheumatism or arthritis | <input type="checkbox"/> | <input type="checkbox"/> |
| Fracture of bone | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have:

- | | | |
|----------------------------|--------------------------|--------------------------|
| | No | Yes |
| Diabetes or sugar in urine | <input type="checkbox"/> | <input type="checkbox"/> |
| Thyroid trouble or goiter | <input type="checkbox"/> | <input type="checkbox"/> |
| Gall bladder trouble | <input type="checkbox"/> | <input type="checkbox"/> |

Do you have anemia

No Yes

Do you bleed easily

No Yes

Do you take pain relievers regularly

No Yes

Are you using prescription drugs No Yes

Do you use alcohol regularly No Yes

If yes, how much _____

If yes, how often _____

Do you use contact lenses No Yes

Are you color blind No Yes

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Seafarer's Signature

Date





PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with (a) [X] The request for information solicited on form Seafarer's Statement of Physical Condition and (b) [X] This request for your Social Security Number. Accordingly, pursuant to the requirements of the Act, please be advised:

- 1. The authority for the collection of this data is (cite U.S. Code, Public Law, or Executive Order): 42 U.S.C. 201; 42 CFR Sec. 32.14; 57 Stat 45; 50 U.S.C. App. 1291(a) amended
2. Furnishing the information solicited is: [] Mandatory [X] Voluntary
3. The principal purpose(s) for which the data will be used is: (a) to establish what accommodations (if any) must be made in assigning shipboard duties; (b) to make appropriate determinations regarding medical disposition in event of illness/injury.
4. *Other routine uses of the data are (if any): None
5. *The effects on you, if any, of not furnishing the requested information are: (a) you may prejudice any right to receive accommodation in working environment. (b) you may risk prejudicing any claim you may have for compensation due to shipboard illness/injury.

*Items 4 and 5 do not apply to requests for SSNs.

PREFATORY STATEMENT OF GENERAL ROUTINE USES

The following routine uses apply to, and are incorporated by reference into, each system of records set forth below:

- 1. In the event that a system of records maintained by the Department to carry out its functions indicates a violation or potential violation of law or contract, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the Department, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or contract, or rule, regulation or order issued pursuant thereto, or protecting the interest of the Department.
2. A record from this system of records may be disclosed, as a routine use, to a federal, state or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses if necessary to obtain information relevant to a Department decision concerning the nature of hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.
3. A record from this system of records may be disclosed, as a routine use, to a federal, state, local or international agency, in response to its request, in connection with the assignment, hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
4. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
5. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
6. A record in this system of records which contains medical information may be disclosed, as a routine use, to the medical advisor of any individual submitting a request for access to the record under the Act and 15 CFR Part 4b if, in the sole judgment of the Department, disclosure could have an adverse effect upon the individual, under the provision of 5 U.S.C. 552a (f) (3) and implementing regulations at 15 CFR 4b.6.
7. (Deleted, Reserved)
8. A record in this system of records may be disclosed, as a routine use, to the Office of Management and Budget in connection with the review of private relief legislation as set forth in OMB Circular No. A-19 at any state of the legislative coordination and clearance process as set forth in that Circular.
9. A record in this system of records may be disclosed, as a routine use, to the Department of Justice in connection with determining whether disclosure thereof is required by the Freedom of Information Act (5 U.S.C 552).
10. A record in this system of records may be disclosed, as a routine use, to a contractor of the Department having need for the information in the performance of the contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).
11. (Deleted, Reserved)
12. A record in this system may be transferred, as a routine use, to the Office of Personnel Management for personnel research purposes; as a data source for management information; for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained; or for related workforce studies.
13. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of the agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations government inspection of records for this purpose, and any other relevant (i.e., GSA or Transportation) directive. Such disclosure shall not be used to make determination about individuals.



 U.S. Department of Transportation Maritime Administration	SEAFARER DATA SHEET	OMB Control No. 9000-0077 Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh St. SW, Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.
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Seafarer's last name		First Name		Middle name(s)		Social Security Number	
Sex (M/F)	Place of birth (city)		Birth state (US)	Date of birth	Citizenship		Naturalized U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Height (inches)	Weight (pounds)	Color hair	Color eyes	Type of complexion		Race	
Residence address (seafarer)			City (seafarer)	State (seafarer)	ZIP Code (seafarer)	Home phone (seafarer) ()	
"Z" or book number		License number/endorsements		Lifeboat endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No	Military status	Sea experience (years)	
Marital status	W-4 status						
Name of physician administering physical exam			Where examined [name of clinic, location, etc.]			Date of examination	
			Next of kin (name)			Relationship	
Information regarding next of kin							
Residence address (kin)			City (kin)	State (kin)	ZIP Code (kin)	Home phone (kin) ()	

VOYAGE EMPLOYMENT INFORMATION							
Ship manager				Vessel		Vessel type	
Voyage type <input type="checkbox"/> FOREIGN <input type="checkbox"/> INTERCOASTAL <input type="checkbox"/> COASTWISE <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> N/A				Voyage begins		Voyage ID	
Date of shipment		Place of shipment (port)		Rating at time of shipment		Base daily wage (start)	
Seafarer hired as: <input type="checkbox"/> permanent <input type="checkbox"/> relief		Union		Type of Fit For Duty certification. If NONE, provide explanation in Remarks. <input type="checkbox"/> Union clinic <input type="checkbox"/> Ship Manager <input type="checkbox"/> Own doctor <input type="checkbox"/> Other <input type="checkbox"/> None			

TO BE COMPLETED ON SEAFARER'S DEPARTURE FROM VESSEL							
Date of discharge		Place of discharge (port)		Rating at time of discharge		Base daily wage (end)	

Reason for discharge/release:							
<input type="checkbox"/> NOT FIT FOR DUTY (illness)	<input type="checkbox"/> NOT FIT FOR DUTY (injury)	<input type="checkbox"/> hospitalization	<input type="checkbox"/> end of voyage				
<input type="checkbox"/> layoff	<input type="checkbox"/> vacation	<input type="checkbox"/> mutual release	<input type="checkbox"/> quit				
<input type="checkbox"/> failure to join	<input type="checkbox"/> deserted	<input type="checkbox"/> discharged for cause	<input type="checkbox"/> desertion				
<input type="checkbox"/> incompetence	<input type="checkbox"/> misconduct	<input type="checkbox"/> insubordination	<input type="checkbox"/> other (explain in Remarks)				

If discharged for cause, indicate reason and provide explanation in Remarks

If I am being discharged for reason(s) unrelated to illness and/or injury, I hereby certify that, to the best of my knowledge and belief, I did not sustain any illness and/or injury while aboard this vessel that would justify a future claim against this vessel.

Seafarer's name (please print)				Seafarer's signature			

MONIES EARNED									
Days worked		Base daily wage (start)		Regular wages earned		Deductions		Wages due	
Remarks									
Master's name (please print)					Master's signature				



U.S. Department of Transportation
Maritime Administration

INITIAL REPORT OF PERSONAL ILLNESS/INJURY

OMB Control No. 9000-0077
Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh Street, S.W., Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.

Ship manager		Vessel		Voyage number		Date of report	
Type of incident <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		Date of incident		Date first reported		To whom reported (name)	
		Time of incident (local)		Time first reported (local)		To whom reported (rating)	
Seafarer's last name		First name		Middle name(s)		Social Security Number	
Rating		Job type <input type="checkbox"/> permanent <input type="checkbox"/> relief		Foreign voyage			
Lost time accident <input type="checkbox"/> Yes <input type="checkbox"/> No		Watches missed Days missed	Was medical care provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical care provided aboard <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical care provided ashore <input type="checkbox"/> Yes <input type="checkbox"/> No	Date sent ashore Time sent ashore	Detached from vessel <input type="checkbox"/> Yes <input type="checkbox"/> No
Pertinent entries made in: <input type="checkbox"/> medical log <input type="checkbox"/> deck log <input type="checkbox"/> engine log <input type="checkbox"/> official log							
Duty/watch status <input type="checkbox"/> day <input type="checkbox"/> regular <input type="checkbox"/> overtime <input type="checkbox"/> off duty				Weather conditions <input type="checkbox"/> clear <input type="checkbox"/> fog <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> other			
Location where accident occurred: <input type="checkbox"/> bow <input type="checkbox"/> stern <input type="checkbox"/> weather deck <input type="checkbox"/> catwalk <input type="checkbox"/> crosswalk <input type="checkbox"/> manifold area <input type="checkbox"/> gangway <input type="checkbox"/> tank <input type="checkbox"/> pumproom <input type="checkbox"/> crew quarters <input type="checkbox"/> engine space <input type="checkbox"/> steward spaces <input type="checkbox"/> freezer area <input type="checkbox"/> ladder <input type="checkbox"/> ashore <input type="checkbox"/> other							
If LADDER, specify location:							
If OTHER, specify location:							
Activity causing injury <input type="checkbox"/> altercation <input type="checkbox"/> assault <input type="checkbox"/> blasting <input type="checkbox"/> carrying objects <input type="checkbox"/> chipping/scaling <input type="checkbox"/> climbing <input type="checkbox"/> cutting <input type="checkbox"/> descending <input type="checkbox"/> driving <input type="checkbox"/> grinding <input type="checkbox"/> handling liquids/solids <input type="checkbox"/> jumping <input type="checkbox"/> lashing <input type="checkbox"/> line handling <input type="checkbox"/> lifting <input type="checkbox"/> operating machinery <input type="checkbox"/> pulling <input type="checkbox"/> pushing <input type="checkbox"/> routine work assignment <input type="checkbox"/> running <input type="checkbox"/> tank cleaning <input type="checkbox"/> using hand tools <input type="checkbox"/> walking <input type="checkbox"/> welding <input type="checkbox"/> other							
If "OTHER" accident, describe							
Vessel equipment involved (if none, write 'NONE')							
Type of accident <input type="checkbox"/> absorption <input type="checkbox"/> arc ray exposure <input type="checkbox"/> caught in/under/between objects or machinery <input type="checkbox"/> contact with electrical current <input type="checkbox"/> exposure to chemicals <input type="checkbox"/> exposure to temperature extremes <input type="checkbox"/> fall from elevation (unencumbered) <input type="checkbox"/> fall from elevation (encumbered) <input type="checkbox"/> fall on same level (unencumbered) <input type="checkbox"/> fall on same level (encumbered) <input type="checkbox"/> ingestion <input type="checkbox"/> inhalation <input type="checkbox"/> irritation <input type="checkbox"/> lifting/pulling/pushing exertion <input type="checkbox"/> rubbed or abraded <input type="checkbox"/> slip (no fall) <input type="checkbox"/> trip (no fall) <input type="checkbox"/> striking against <input type="checkbox"/> struck by <input type="checkbox"/> traffic <input type="checkbox"/> other							
If "OTHER" accident, describe							
If accident caused by the presence of a foreign substance, identify:						If OTHER substance, specify:	
Nature of illness/injury							
Supervisor (name)		Supervisor (rating)		Supervisor's signature			
Watch officer (name)		Watch officer (rating)		Watch officer's signature			
Reporting officer (name)		Reporting officer (rating)		Reporting officer's signature			

IF TREATMENT RECEIVED ASHORE, ATTACH COMPLETED REPORT OF ATTENDING DENTIST/PHYSICIAN



U.S. Department of Transportation
Maritime Administration

**STATEMENT OF
INDIVIDUAL REPORTING
INJURY**

OMB Control No. 9000-0077
Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh Street, S.W., Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.

TO BE COMPLETED BY PERSON REPORTING AN INJURY ABOARD SHIP IN HIS/HER OWN HANDWRITING. USE ADDITIONAL BLANK SHEETS AS NECESSARY.

(insert name of Ship Manager/General Agent on line above)

NOTE: The U.S. Criminal Code makes it a criminal offense for any person knowingly to make a false statement or representation to, or to conceal a material fact from, any department or agency of the United States as to any matter within its jurisdiction (18 U.S.C. 1001), or to file a false, fictitious or fraudulent claim against the United States (18 U.S.C. 287).

Vessel _____ Voyage number _____

Name _____ Social Security No. _____

Rating _____ Article No. _____

The date of my accident was _____ Time _____

I first reported my accident on _____ Time _____

To _____ Whose rating is _____

What part of your body was injured _____

Were you on duty at the time of the accident Yes No

State in detail what you were doing at the time of the accident and how the accident happened _____

What vessel's equipment was involved in the accident _____

The condition of the area or equipment was _____

What person(s) were with you, or nearby, at the time of the accident _____

What person(s) witnessed the accident _____

I CERTIFY THE ABOVE STATEMENTS TO BE TRUE AND CORRECT

Signature _____ Date _____





PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with (a) [X] The request for information solicited on form Statement of Individual Reporting Injury and (b) [X] This request for your Social Security Number. Accordingly, pursuant to the requirements of the Act, please be advised:

- 1. The authority for the collection of this data is (cite U.S. Code, Public Law, or Executive Order): 42 U.S.C. 201; 42 CFR Sec. 32.14; 57 Stat 45; 50 U.S.C. App. 1291(a) amended
2. Furnishing the information solicited is: [] Mandatory [X] Voluntary
3. The principal purpose(s) for which the data will be used is: (a) to document the occurrence of a shipboard accident, the causes thereof, and the names of any witness(es); (b) to enable the crew member to identify the injury or injuries resulting from an accident aboard ship
4. *Other routine uses of the data are (if any): (a) Some of this data is recorded in data bank maintained by Marine Index Bureau, Inc. • 67 Scotch Road • Ewing, NJ 08628
5. *The effects on you, if any, of not furnishing the requested information are: (a) you may be refused the opportunity to seek medical evaluation of illness/injury complaint(s); (b) you may risk prejudicing any claim you may have for compensation for injury resulting from the accident

*Items 4 and 5 do not apply to requests for SSNs.

PREFATORY STATEMENT OF GENERAL ROUTINE USES

The following routine uses apply to, and are incorporated by reference into, each system of records set forth below:

- 1. In the event that a system of records maintained by the Department to carry out its functions indicates a violation or potential violation of law or contract, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the Department, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or contract, or rule, regulation or order issued pursuant thereto, or protecting the interest of the Department.
2. A record from this system of records may be disclosed, as a routine use, to a federal, state or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses if necessary to obtain information relevant to a Department decision concerning the nature of hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.
3. A record from this system of records may be disclosed, as a routine use, to a federal, state, local or international agency, in response to its request, in connection with the assignment, hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
4. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
5. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
6. A record in this system of records which contains medical information may be disclosed, as a routine use, to the medical advisor of any individual submitting a request for access to the record under the Act and 15 CFR Part 4b if, in the sole judgment of the Department, disclosure could have an adverse effect upon the individual, under the provision of 5 U.S.C. 552a (f) (3) and implementing regulations at 15 CFR 4b.6.
7. (Deleted, Reserved)
8. A record in this system of records may be disclosed, as a routine use, to the Office of Management and Budget in connection with the review of private relief legislation as set forth in OMB Circular No. A-19 at any state of the legislative coordination and clearance process as set forth in that Circular.
9. A record in this system of records may be disclosed, as a routine use, to the Department of Justice in connection with determining whether disclosure thereof is required by the Freedom of Information Act (5 U.S.C 552).
10. A record in this system of records may be disclosed, as a routine use, to a contractor of the Department having need for the information in the performance of the contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).
11. (Deleted, Reserved)
12. A record in this system may be transferred, as a routine use, to the Office of Personnel Management for personnel research purposes; as a data source for management information; for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained; or for related workforce studies.
13. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of the agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations government inspection of records for this purpose, and any other relevant (i.e., GSA or Transportation) directive. Such disclosure shall not be used to make determination about individuals.



SEAMEN PERSONAL INJURY CLAIMS TRACKING SYSTEM
DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY

**SEAMEN PERSONAL INJURY CLAIMS TRACKING SYSTEM
DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY**

COMPLETING THE FORM

The following present a series of selection lists for a number of boxes shown on the form "Documentation of Incident of Illness/Injury." For the box indicated, appropriate responses are to be chosen from the lists provided below:

MARAD examiner

to be provided

Administrative status (choose one)

letter of representation
administrative claim

Sex (choose one)

M = male
F = female

Marital status (choose one)

single
married

Voyage type (choose one)

coastwise
foreign
not applicable





SEAMEN PERSONAL INJURY CLAIMS TRACKING SYSTEM
DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY

Reason for discharge (choose one)

- Not Fit For Duty (NFFD) - illness
- Not Fit For Duty (NFFD) - injury
- hospitalization
- end of voyage
- layoff
- vacation
- mutual release
- quit
- failure to join
- deserted
- discharged for cause
- other (explain)

Incident type (choose one)

- dental
- illness
- injury
- other (explain)

If injury, activity causing injury (choose one)

altercation	grinding	routine work assignment
assault	handling liquids/solids	running
blasting	jumping	tank cleaning
carrying objects	lashing	using hand tools
chipping/scaling	line handling	walking
climbing	lifting	welding
cutting	operating machinery	other (explain)
descending	pulling	unknown
driving	pushing	

Body system. (Choose one of the following for each of up to four body systems affected. The same body system may be indicated more than once.)

bladder/kidney	muscles/bones	stomach/bowels
breathing	nerves	ear/eye/nose/throat
circulation and heart	reproductive	dental
emotional	skin	





SEAMEN PERSONAL INJURY CLAIMS TRACKING SYSTEM
DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY

Complaint. (Choose one of the following complaints listed under appropriate body system for body system indicated, for up to four body systems affected.)

bladder/kidney

trouble holding urine
burning
bloody urine
change in frequency
color change
difficulty starting stream
pain/pressure
if OTHER, describe

breathing

coughing
wheezing
shortness of breath
difficulty when lying down
chest pain
if OTHER, describe

circulation and heart

palpitations
dizziness
bruising
chest pain
swelling
headache
fainting
if OTHER, describe

emotional

anxiety/nervousness
irritability
tension
restlessness
confusion/memory loss
depression
if OTHER, describe

muscles/bones

cramping/stiffness
aches/pains
swelling
trouble moving
fatigue/weakness
if OTHER, describe

nerves

numbness
tingling
tremors
seizures/convulsions
paralysis
poor coordination
if OTHER, describe

reproductive

irregular vaginal bleeding
abnormal discharge
genital irritation/sores
pain
if OTHER, describe

skin

sores
dryness/cracking
excessive moisture
rash
temperature/color change
lumps
change in moles
if OTHER, describe

stomach/bowels

nausea/vomiting
difficulty swallowing
indigestion
bleeding
constipation
diarrhea
pain
abnormal bowel movements
if OTHER, describe

ear/eye/nose/throat

cold/flu symptoms
blurred/double vision
light sensitivity
difficulty seeing
ringing in ears
difficulty hearing
difficulty speaking
voice cangespain/pressure
irritation/pain/pressure
glasses/contact lenses
if OTHER, describe

dental

cracked/broken tooth
denture repair/replacement
replacement of filling
toothache
painful gums
if OTHER, describe





SEAMEN PERSONAL INJURY CLAIMS TRACKING SYSTEM
DOCUMENTATION OF INCIDENT OF ILLNESS/INJURY

Injury type: (Choose one for each of up to four separate injuries.) See GLOSSARY OF COMMON INJURIES attached for explanation of some of the injury terms included in the list below.)

abrasion	dislocation	itch/rash/boil/sore	toxic inhalation
amputation	electric shock	jam	wrench/twist
arc welders burn	foreign body	laceration	
bite/sting (animal/insect)	fracture	pinch	
bruise/contusion	hernia	puncture	if OTHER, describe
burn (chemical)	hyperextension	rupture	
burn (electrical)	hyperthermia	separation	unknown
burn (fire/heat)	hypothermia	sprain	
concussion	inflammation	strain	
crush	ingestion poisoning	tear	
cut	irritation	toxic exposure	

Body part. (Choose one for up to four reported injuries. Body part #1 should correspond to Injury #1, Body part #2 to Injury #2, and so forth.)

abdomen	foot	nose	systemic
ankle	groin	rib	
arm	hand	scalp	if OTHER, describe
back	head	shoulder	
calf	hip	skull	not specified
chest	jaw	spleen	
ear	knee	tailbone	
elbow	liver	thigh	
eye	lungs	thumb	
face	mouth	toe	
finger	neck	wrist	





U.S. Department of Transportation
Maritime Administration

**MASTER'S REPORT OF
REQUEST FOR MEDICAL
ATTENTION**

OMB Control No. 9000-0077
Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh St. SW, Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.

(insert name of Ship Manager/General Agent on line above)

Vessel _____ Port _____ Date _____

TO DENTIST/PHYSICIAN/HOSPITAL/CLINIC: Kindly furnish medical or dental attention to the below-named crew member who became ill/injured while in service to the vessel and advise the undersigned if he/she is fit or unfit to resume his/her duties as a crew member aboard the vessel by completing the accompanying form REPORT OF ATTENDING DENTIST/PHYSICIAN, which is to be completed and returned to the crew member at time of evaluation and treatment. Please note that treatment for venereal disease and dental work other than extractions are payable by the crew member, and will not be reimbursed by the company.

Crew member _____ SSN _____ Age _____

Date of incident _____ Description of incident _____

As the result of the incident of illness/injury noted above, the named crew member reports the medical complaint(s) checked below, for which we request your evaluation, diagnosis and treatment or referral.

URINARY

- difficulty starting stream
- change in frequency
- bloody urine
- change in color of urine
- burning/pain/pressure
- OTHER (describe below)

RESPIRATORY

- excessive sputum/phlegm
- coughing/wheezing
- shortness of breath
- OTHER (describe below)

CIRCULATORY

- fatigue/weakness
- paleness
- tremor
- abrupt/heavy bleeding
- history of anemia
- chest pain/difficulty
- rapid heart beat
- high blood pressure
- varicose veins
- heart attack
- OTHER (describe below)

NOT CLASSIFIED

- chronic headache
- OTHER (describe below)

EMOTIONAL/BEHAVIORAL

- anxiety/nervousness
- tension
- hallucinations
- depression
- anti-social behavior
- sleep disturbance/insomnia
- mania
- memory loss/confusion
- OTHER (describe below)

TISSUES/JOINTS

- swelling of tissues/glands
- cramping/stiffness
- limited movement
- deformity
- pain in joint/limb
- pain in neck/back
- OTHER (describe below)

NERVOUS SYSTEM

- dizziness/vertigo
- tremor/muscular weakness
- poor coordination
- numbness/loss of sensation
- paralysis
- seizures/convulsions
- fainting/lightheadedness
- difficulty/change in speech
- OTHER (describe below)

REPRODUCTIVE/GENITAL

- irregular menstrual
- abnormal discharge
- genital irritation/pain
- sores
- OTHER (describe below)

SKIN/HAIR/NAILS

- frequent bruising
- itching
- discoloration
- excessive moisture
- change in birthmark
- change in moles
- lumps
- ulcers
- change in hair/nails
- OTHER (describe below)

DIGESTION/NUTRITION

- nausea
- vomiting
- diarrhea
- constipation
- change in appetite/thirst
- difficulty swallowing
- excessive gas/flatulence
- heartburn/indigestion
- rectal bleeding
- OTHER (describe below)

MOUTH/NOSE/THROAT

- sores/ulcers
- sore throat
- hoarseness
- difficulty swallowing
- nasal discharge/nosebleed
- sinus pain/blockage
- OTHER (describe below)

EARS/EYES

- ringing in ears
- change in hearing acuity
- discharge from ears
- irritation/pain/pressure
- lost/broken glasses/contact
- change in vision acuity
- blurred/double vision
- light sensitivity
- excessive tearing
- OTHER (describe below)

DENTAL

- toothache
- bleeding gums
- sores
- cracked/broken/lost tooth
- replacement of filling
- denture repair/replacement
- OTHER (describe below)

If OTHER, description of medical complaint _____

By signing below, the crew member authorizes the dentist/physician/hospital/clinic to make available to the Ship Manager/General Agent for the U.S. Department of Transportation, Maritime Administration, as vessel owner, copies of all notes, records, reports, and diagnostic studies pertinent to or involving, the injury or illness for which medical/dental attention was authorized under this certificate.

Master's signature _____

Seafarer's signature _____



<p>U.S. Department of Transportation Maritime Administration</p>		<p>REPORT OF ATTENDING DENTIST/PHYSICIAN</p>		<p>OMB Control No. 9000-0077 Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh St. SW, Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.</p>		
Ship manager			Vessel			
Ship manager's address			Date of injury or illness		Time of injury or illness	
			Person authorizing treatment			
DENTIST/PHYSICIAN/HOSPITAL/CLINIC: Please examine, diagnose, and prescribe treatment/medication to the below-named seaman. NOTE: Treatment for venereal disease and dental work other than extractions must be paid for directly by the seafarer.						
Background Information						
Patient's name			Social Security Number	Sex	Age	
				<input type="checkbox"/> male <input type="checkbox"/> female		
Patient's mailing address						
Patient's account of how injury or exposure to occupational disease occurred						
Findings and Diagnosis						
Date of this visit	Time in	Time out	Is further medical attention required?		If YES, date to return	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Was patient referred to other health care provider?			If YES, name, address and telephone number of other health care provider			
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date treatment completed						
Findings upon examination, including results of x-rays, laboratory studies, etc. IN THE CASE OF INJURY, PLEASE COMPLETE THE REVERSE OF THIS FORM. Additional comments may be provided on blank sheets of paper.						
Is diagnosed condition due to the occurrence described by the patient?		Number of visits by patient to date		Date(s) of your treatment (from/to)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
Nature of treatment						
Please indicate the seafarer's current duty (work) status (check ONE)			If Not Fit for Duty/Fit for Travel, is termination of duty recommended?			
<input type="checkbox"/> Fit for Duty (no restrictions)			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Not Fit for Duty/Fit for Travel						
<input type="checkbox"/> Not Fit for Duty/Not Fit for Travel			If Not Fit for Duty/Not Fit for Travel, is hospitalization recommended?			
<input type="checkbox"/> Permanently Not Fit for Duty			<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Permanently Not Fit for Duty, please describe nature of and degree of impairment				Has patient reached maximum medical improvement?		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of attending physician/dentist		Signature of attending physician/dentist		Date of this report		
Address of dentist/physician/hospital/clinic				Telephone number		
				FAX number		





PLEASE COMPLETE IN THE CASE OF DIAGNOSED INJURY

If the incident resulted in injury, please indicate type(s) of injury by checking appropriate box(es) below:

- abrasion, amputation, arc welders burn, bite/sting (animal/insect), bruise/contusion, burn (chemical), burn (electrical), burn (fire/heat), concussion, crush, cut, dislocation, electric shock, foreign body, fracture, hernia, hyperextension, hyperthermia, hypothermia, inflammation, ingestion poisoning, irritation, itch/rash/boil/sore, jam, laceration, pinch, puncture, rupture, separation, sprain, strain, tear, toxic exposure, toxic inhalation, wrench/twist, other (describe below)

If the incident resulted in injury, please indicate the body part(s) affected by checking the appropriate box(es) below:

Grid of checkboxes for body parts: abdomen, ankle, arm, back, calf, chest, ear, elbow, eye, face, finger, foot, groin, hand, head, hip, jaw, knee, liver, lungs, mouth, neck, nose, rib, scalp, shoulder, skull, spleen, tailbone, thigh, thumb, toe, wrist, systemic, not specified.

Please provide any notes/comments regarding current diagnosis/treatment of illness/injury, expected course of treatment, and expected course and degree of recovery.

Large empty rectangular box for notes and comments.

If Not Fit for Duty, please provide your best estimate for each of the following:

Anticipated date: return to limited type of work: _____

Anticipated date: achieve maximum medical improvement: _____

Anticipated date: return to full duty: _____





U.S. Department of Transportation
Maritime Administration

REPORT OF
INVESTIGATION OF
SERIOUS ILLNESS/INJURY

OMB Control No. 9000-0077
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Ship manager		Vessel		Voyage ID	
Seafarer's name		Social Security Number		"Z" number	
Residence address (street, city, ZIP code)				Age	
Type of voyage		Date articles commenced		Date articles terminated	
<input type="checkbox"/> foreign <input type="checkbox"/> coastwise <input type="checkbox"/> intercoastal <input type="checkbox"/> not applicable					
Rating		Ship's department		Job type	
				<input type="checkbox"/> permanent <input type="checkbox"/> relief <input type="checkbox"/> other	
Supervisor (name)		Supervisor's rating			
Date of investigation		Time	Name of investigator		Investigator's rating
Remarks of investigator as to cause(s) of incident					
Is injury/illness in any way due to misconduct?		If YES, describe			Was seafarer logged?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known					<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPLETE FOR ANY INJURY/ILLNESS WHICH INCAPACITATES SEAFARER FOR 24 HOURS OR MORE					
Date of illness/injury		Time	Nature of illness/injury		
Date first reported		Time	To whom (name)		Crew member's rating
Location of vessel at time of incident		Seafarer's duty status			
<input type="checkbox"/> in port <input type="checkbox"/> at sea <input type="checkbox"/> at anchorage		<input type="checkbox"/> on duty <input type="checkbox"/> off duty <input type="checkbox"/> working overtime <input type="checkbox"/> other			
COMPLETE FOR ANY ACCIDENT RESULTING IN INJURY WHICH INCAPACITATES SEAFARER FOR 24 HOURS OR MORE					
If accident occurred aboard ship, exact location on ship where accident occurred					
Ship's equipment involved in accident. If none, write "NONE"					
Condition of any ship's equipment involved in accident		Condition of accident scene at time of investigation			
<input type="checkbox"/> new <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> replacement needed <input type="checkbox"/> repair needed					
Name of crew member at or near accident scene (attach signed statement)			Crew member's rating		
Name of crew member at or near accident scene (attach signed statement)			Crew member's rating		
Name of crew member at or near accident scene (attach signed statement)			Crew member's rating		
IF SEAFARER SENT ASHORE FOR MEDICAL TREATMENT, ATTACH COPY OF COMPLETED REPORT OF ATTENDING DENTIST OR PHYSICIAN					
Medical officer (please print)		Signature		Date	
Department head (please print)		Signature		Date	
Master (please print)		Signature		Date	



U.S. Department of Transportation
Maritime Administration

**STATEMENT OF WITNESS
TO OR PERSON NEARBY
SCENE OF REPORTED
ACCIDENT**

OMB Control No. 9000-0077
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STATEMENT TO BE COMPLETED IN WITNESS HANDWRITING. USE ADDITIONAL BLANK SHEETS AS NECESSARY.

(insert name of Ship Manager/General Agent on line above)

Vessel _____ Voyage number _____

My name is _____ ; my rating is _____

my Social Security No. is _____ ; my telephone number is _____

At the time _____ is reported to have been injured, I was at the following
place _____ doing _____

with the following other persons: _____

The location of the accident was _____

and, if applicable, ship's equipment involved in the accident was _____

At that time the condition of the location or equipment where is the accident is reported to have happened was (be
specific) _____

At that time the lighting at the place where the accident is reported to have happened was _____

I saw the accident and it happened as follows: _____

I believe the following persons may have seen the accident or have knowledge of conditions. They are: _____

Other information concerning the reported accident that I have knowledge of is _____

I CERTIFY THE ABOVE STATEMENTS TO BE TRUE AND CORRECT

Signature _____ Date _____





PRIVACY ACT ADVISORY STATEMENT

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with (a) [X] The request for information solicited on form Statement of Witness To or Person Nearby Scene of Reported Accident and (b) [X] This request for your Social Security Number. Accordingly, pursuant to the requirements of the Act, please be advised:

- 1. The authority for the collection of this data is (cite U.S. Code, Public Law, or Executive Order): 42 U.S.C. 201; 42 CFR Sec. 32.14; 57 Stat 45; 50 U.S.C. App. 1291(a) amended
2. Furnishing the information solicited is: [] Mandatory [X] Voluntary
3. The principal purpose(s) for which the data will be used is: (a) to establish the identity of any actual or potential witness to an accident involving a RRF vessel crew member; (b) as soon as possible after the occurrence of an alleged accident, to record any statement by an actual or potential witness to the accident as to the nature and cause of the accident
4. *Other routine uses of the data are (if any): None
5. *The effects on you, if any, of not furnishing the requested information are: None

*Items 4 and 5 do not apply to requests for SSNs.

PREFATORY STATEMENT OF GENERAL ROUTINE USES

The following routine uses apply to, and are incorporated by reference into, each system of records set forth below:

- 1. In the event that a system of records maintained by the Department to carry out its functions indicates a violation or potential violation of law or contract, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute or contract, or rule, regulation, or order issued pursuant thereto, or the necessity to protect an interest of the Department, the relevant records in the system of records may be referred, as a routine use, to the appropriate agency, whether federal, state, local or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute or contract, or rule, regulation or order issued pursuant thereto, or protecting the interest of the Department.
2. A record from this system of records may be disclosed, as a routine use, to a federal, state or local agency maintaining civil, criminal or other relevant enforcement information or other pertinent information, such as current licenses if necessary to obtain information relevant to a Department decision concerning the nature of hiring or retention of an employee, the issuance of a security clearance, the letting of a contract, or the issuance of a license, grant or other benefit.
3. A record from this system of records may be disclosed, as a routine use, to a federal, state, local or international agency, in response to its request, in connection with the assignment, hiring or retention of an employee, the issuance of a security clearance, the reporting of an investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the information is relevant and necessary to the requesting agency's decision on the matter.
4. A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.
5. A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual when the individual has requested assistance from the Member with respect to the subject matter of the record.
6. A record in this system of records which contains medical information may be disclosed, as a routine use, to the medical advisor of any individual submitting a request for access to the record under the Act and 15 CFR Part 4b if, in the sole judgment of the Department, disclosure could have an adverse effect upon the individual, under the provision of 5 U.S.C. 552a (f) (3) and implementing regulations at 15 CFR 4b.6.
7. (Deleted, Reserved)
8. A record in this system of records may be disclosed, as a routine use, to the Office of Management and Budget in connection with the review of private relief legislation as set forth in OMB Circular No. A-19 at any state of the legislative coordination and clearance process as set forth in that Circular.
9. A record in this system of records may be disclosed, as a routine use, to the Department of Justice in connection with determining whether disclosure thereof is required by the Freedom of Information Act (5 U.S.C 552).
10. A record in this system of records may be disclosed, as a routine use, to a contractor of the Department having need for the information in the performance of the contract, but not operating a system of records within the meaning of 5 U.S.C. 552a(m).
11. (Deleted, Reserved)
12 A record in this system may be transferred, as a routine use, to the Office of Personnel Management for personnel research purposes; as a data source for management information; for the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained; or for related workforce studies.
13. A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of the agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations government inspection of records for this purpose, and any other relevant (i.e., GSA or Transportation) directive. Such disclosure shall not be used to make determination about individuals.





U.S. Department of Transportation
Maritime Administration

**STATEMENT OF
NON-WITNESS TO
PERSONAL INJURY
INCIDENT**

OMB Control No. 9000-0077
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(insert name of Ship Manager/General Agent on line above)

Vessel _____ Voyage number _____

TO THE INVESTIGATING OFFICER: Please undertake to obtain from every crew member who it is determined was/may have been/should have been at or near the scene of the alleged incident involving the seafarer named below, but who claims NOT to have been a witness to the incident, his/her signature to that effect.

The undersigned hereby states that he/she was not a witness to and did not observe the incident alleged to have resulted in injury to:

SEAFARER'S NAME: _____ RATING _____

DATE OF ALLEGED INCIDENT: _____ TIME (LOCAL): _____

AT THE TIME OF THE ALLEGED INCIDENT THE VESSEL WAS (check one):

- underway
- docking/undocking
- moored
- anchored
- in shipyard

AT THE TIME OF THE ALLEGED INCIDENT THE SEAFARER WAS (check one):

- aboard the vessel and ON duty
- aboard the vessel and OFF duty
- ashore

IF ABOARD THE VESSEL, PLACE ABOARD VESSEL: _____

Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating
Signature	Name (please print or type)	Rating





 <p>U.S. Department of Transportation Maritime Administration</p>	<h2>EVIDENCE LIST</h2>	<small>OMB Control No. 9000-0077 Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh Street, S.W., Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.</small>
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TO: _____
 insert name of Ship Manager/General Agent on line above

FROM:

<i>Master</i>	<i>Date Mailed</i>	<i>Port</i>

<i>Seafarer</i>	<i>Social Security Number</i>	<i>Vessel</i>	<i>Date of Incident</i>

(1) **DRAWINGS** [NUMBER OF DRAWINGS INCLUDED IN PACKAGE: _____]

(Label with sequential number and description)

<i>#</i>	<i>Description</i>
1	
2	
3	
4	

(2) **PHOTOGRAPHS** [NUMBER OF PHOTOGRAPHS INCLUDED IN PACKAGE: ____]

(Label with sequential number and description)

<i>#</i>	<i>Description</i>
1	
2	
3	
4	
5	
6	

(3) **ITEMS RETAINED ON BOARD**

<i>#</i>	<i>Description</i>
1	
2	
3	



MARAD Insurance Requirements: J.3 Attachments

How to use this guide



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blue text Go to the indicated topic/form.



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End of a continued topic.

**For instructions on how to print a form,
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