State of Alaska
Department of Transportation
and Public Facilities
ALASKA MARINE HIGHWAY SYSTEM
3132 Channel Drive; Juneau, AK 99801-7898

AMHS UNIT: ☐ Aurora ☐ Bartlett ☐ Columbia ☐ Kennicott ☐ LeConte ☐ Malaspina ☐ Matanuska ☐ Taku ☐ Tustumena

PASSENGER INJURY / ILLNESS REPORT

➢ ***THIS IS NOT A CLAIM FORM<***

Revision Date: April 4, 2000

[See reverse side for guidance in completing]

I. REPORT TYPE: ☐ **Injury** ☐ **Illness** ⇦ ***Check one***

WHEN OCCURRED: DATE: [_____/_____/_____] [mm/dd/yy] **TIME: [_____ _____]** AM/PM

[Vessel - remember to complete & submit USCG 2692 Form as appropriate / required]

II. PASSENGER DATA: ✍

Name: [_____]

Address: [_____]

City: [_____] **State:** [_____] **Zip:** [_____]

Telephone No.: (_____) _____ - _____ **Date of Birth:** [_____/_____/_____] ☐ **Male** ☐ **Female**

III DESCRIPTION OF INJURY OR ILLNESS : ✍

Describe Nature of Injury/Illness, Exactly Where & How It Happened, & What Aid was Given?

[_____]
[_____]
[_____]
[_____]
[_____]
[_____]
[_____]
[_____]
[_____]

Part of Body Affected: [_____] ☐ Right ☐ Left
First Aid Administered? ☐ YES ☐ NO By whom: [_____]
Hospitalized? ☐ YES ☐ NO Hospital: [_____]
Physician: [_____]
Injury caused by failure of a machine or object? ☐ NO ☐ YES [describe] [_____]
Attach photo/diagram of the incident as appropriate: Attached: ☐ YES ☐ NO

IV WITNESSES: ☐ *No Witness(es)*

✍ Name: [_____] **Address:** [_____]

✍ Name: [_____] **Address:** [_____]

V SIGNATURES: ✍

Passenger: [_____] Date: [____/____/____] Time: [_____]AM/PM

Reported To: [_____] Date: [____/____/____] Time: [_____]AM/PM

Vessel Master: [_____] Date: [_____/_____/_____]

VI. **DISTRIBUTION:**
- Original to Passenger
- λ Copy to ADOA-Risk Management
- Copy to AMHS Safety Officer in Juneau
- Copy to Vessel Files
- Copy to Master

State of Alaska - Department of Transportation and Public Facilities - Alaska Marine Highway

Remember to complete all Sections fully

Passenger Injury / Illness Report Guidance

>THIS IS NOT A CLAIM FORM<

IMPORTANT NOTES to AMHS EMPLOYEES:

(1) **ADVISE** the passenger that procedure requires the preparation of this form and that submission of the report neither acknowledges liability on the part of the State nor effects automatic payment.

(2) When the passenger requests information as to how they are to submit subsequent claim information or have questions - **ADVISE** them that they should **contact, in writing:**

Alaska Department of Administration - Risk Management
P. O. Box 110218
Juneau, AK 99811-0218
Attention: Claims Administrator
Telephone Number (907) 465-2180

(3) **ADVISE** the passenger they must forward copies of detailed bills with their correspondence to Risk Management.

(4) **DO NOT** authorize or otherwise indicate that any bills can be charged to the State or the Alaska Marine Highway System.

(5) **NEVER** accept or acknowledge liability on the part of the State or the Alaska Marine Highway System. Your responsibility is to report the Injuries/Illnesses - not render liability determinations.

(6) **DO NOT** furnish information on injuries or illnesses to unauthorized individuals or entities.

(7) **All dates** are to be month/day/year [mm/dd/yy], e.g. 10/03/96 = October 3, 1996.

(8) **All times** are to be AM or PM and indicated as so.

(9) The **AMHS Tracking #** is assigned by AMHS Personnel Office, **leave this space blank.**

(10) If more space is needed attach a signed and dated sheet.

AMHS Unit: In upper-right-hand corner of form, check/mark the Vessel the Injury/Illness took place on.

Section I: **TYPE OF REPORT:** _ Check/Mark whether this report is for a passenger INJURY or a ILLNESS.
DATE & TIME: ✍ Enter the date and time of the injury or illness (e.g. on-set of problem).

Section II **NAME:** ✍ Write in first, middle initial, and last name of the passenger
ADDRESS: ✍ Write in the passenger's mailing address.
. **TEL # :** ✍ Self explanatory.
DOB: ✍ Date of Birth**.**
M/F: _ Check whether the passenger was a male or female.

Section III: **NATURE/WHERE/HOW/AID**:
✍ Fully describe the nature/extent of the injury or illness (medical terms are not required but if known - would be beneficial).
✍ Fully describe where the injury/illness occurred.
✍ Fully describe how/why the injury/illness happened.
✍ Describe what aid was given.
❑ If more space is needed, attach a sheet that is signed and dated by the passenger and/or the AMHS employee responsible to do so for the AMHS Vessel/Facility.
AFFECTED: ✍ Fully describe the part(s) of the passenger's body that are affected by the injury or illness, including whether it was a right or left appendage.
FIRST AID: _ Check/mark accordingly, and ✍ briefly state who administered the First Aid.
HOSPITALIZED: _ Check/mark accordingly. If YES, ✍ write in name & address of hospital.
PHYSICIAN: ✍ Write in name & address of the medical physician or other medical service provider. If not a Medical Doctor, give details of medical qualifications or certifications.
MACHINE: ✍ If a piece of machinery or other mechanical device was involved **(AMHS or private)**, briefly describe.
DIAGRAM/PHOTOGRAPH: As appropriate, attach one that is signed and dated.

Section IV: **WITNESS(es):** ✍ Write in the Name & Address of all witnesses. **If an AMHS Employee, please indicate this on the form - along with their position/title.**

Section V: **SIGNATURES:**
PASSENGER: ✍ Passenger is required to sign & date the form, including the time they signed. If passenger is unable to, and some one else does - - the relationship to the passenger MUST be indicated on the form!
REPORTED TO: ✍ Print/type the individuals name and title/position. Have individual sign above printed name, and write in the date & time they signed the form.
MASTER: ✍ Print/type the individuals name. Have Master sign above printed name, and write in the date they signed the form.

Section VI. **DISTRIBUTION:** The Original and all copies must be submitted (routed) as indicated.