|  |
| --- |
| **Vendor Information** |
|  |
| Business Name |  | Contact Name |  |
|  |
| Address |  | Contact Email |  |
|  |  |  |  |  |  |
|  |  | Phone # |  |
|  |
| **Incident Information** |
|  |
| Tour Code & Tour Name | NATIONAL PARK | Port | USHUAIA |
|  |
| Date of Incident (mm/dd/yy) | 21/02 | Time of Incident |  |  □ AM □X PM |  |
|  |
| Physical Location of Incident(name & full address) |  |
|  |
| **Subject Information** |
|  |
| First Name |  | Last Name |  | Middle Initial | n/m |
|  |
| Address & Email |  | Country |  |
|  |  |  |  |  |
|  | Citizenship |  |
|  |
| Home Phone |  | Work Phone |  | Cell Phone |  |
|  |
| □ Male □ Female Year of Birth  |  | □ Adult (18 or older) □ Minor |  |
|  |
| Cruise Line |  | Ship |  | Cabin # |  | Booking # |  |
|  |
| **Incident Details** |
|  |
| Type of Incident □ Illness X□ Incident □ Injury □ Death  |
|  |
| What was the subject doing just before the incident occurred? Describe the activity) | THE PASSENGER HAD GOTTEN OF THE BUS TO STAY IN THE CITY AND SHE WAS GOING TO GO BACK TO THE SHIP ON HER OWN. THE TOUR WAS OVER.  |
|  |
| What happened? (Tell how the incident occurred) | AS SHE WAS CROSSING THE STREET, SHE TRIPPED AND FELL.  |
|  |
| Where did the incident occur? (Describe the location - hotel lobby, cross walk, bus #, rail car #, etc.) add influencing factors (footwear, uneven ground, slippery terrain, etc.) | ON THE SIDEWALK, WHICH IS VERY UNEVEN |
|  |
| What was the incident? (Explain part of body affected and how it was affected - be more specific than "hurt," "pain," or "sore." Examples: "strained back," "chemical burn on right hand." | SHE FELL ON HER FACE AND HURT ONE SIDE OF IT |
|  |
| What object or substance directly harmed the subject? (Examples:"concrete floor," "chlorine" - if causedby machine, specify part) | CONCRETE FLOOR |
|  |
| In your opinion, has corrective action been taken? (If yes, please indicate what was done; if no action is required, please indicate N/A). | AS THE GUIDE SAW WHAT HAPPENED, HE ASSITED THE PASSENGER AND BROUGHT HER AND HER HUSBAND BACK TO THE BUS AND DROVE THEM TO THE SHIP. |
|  |
| Is follow-up required: | □ XNo □ Yes | If yes, by whom |  |
| Subject’s Last Name |  |  |  |  |  |  |  |
|  |
| If an illness, onset of symptoms occurred on what date? (mm/dd/yy) |  | Time of onset |  |  □ AM □ PM |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | Is the illness chronic? □ No □ Yes |
|  |
| If an illness, list dates, times, locations and the foods consumed within the past 48 hours |  |
|  |
| **Treatment** |
|  |
| Were authorities contacted? (police, fire, ambulance) | □ No □ Yes | If yes, when |  |
|  |
| Was a report number provided? | □ No □ Yes | If yes, report # |  |
|  |
| Were photographs taken? | □ No □ Yes | If yes, by whom and on what date  |  |
|  |
| Was treatment given? | □ No □ Yes | Did Subject refuse treatment? | □ No □ Yes |
|  |
|  □ Minor on-site first aid | □ Emergency evacuation / emergency room |
|  |
|  □ Minor treatment in clinic or hospital | □ Hospitalization for more than 24 hours |
|  |
| In the case of death of Subject, datedeath occurred (mm/dd/yy) |  |  |  |  |  |
|  |  |  |  |
|  |
| Name & Address oftreating physician |  | Name & Address oftreating hospital/clinic |  |
|  |
| Name, Address, Email & Phone # ofwitness(s) |  |
|  |
| **Additional Details / Signature** |
|  |
| Further details / explanation Provide a narrative describing the events leading up to the incident, the actual incident, injuries sustained and further action, if any, required. |  |
|  |
| Completed by |  | Date Completed (mm/dd/yy) |  |
|  |
| Signature |  |
|  |
| **Instructions:** |
|  |
| **Tour Operators must send all incident and accident reports first to the Shorex Managers onboard**.**The following distribution list is for Shorex Managers unless the tour operator is asked to provide specific information by the corporate team.****Incident report (non- serious injury where passengers were not disembarked must be sent to -** The Holland America Group Shore Excursions Team:**Serious incident report (those incidents where passengers may be/ were seriously injured or were disembarked must be sent immediately**  (along with any supporting documents, waivers, photos, etc):The team members receiving the incident or serious incident reports are listed below. **Legal**  * Aleks Drumalds adrumalds@hagroup.com;
* Carmen Tirado -ctirado@hagroup.com

**Risk Management*** Manny Chavez mchavez@hagroup.com
* Karen Reich kreich@hagroup.com

**Passenger claims** * Dana Berger - dberger@hagroup.com
* Jim Colwell - JColwell@HollandAmericaGroup.com
* Darlene Hembree DHembree@HollandAmericaGroup.com

**HA Group Manager of Shore Excursions team:** * Northern Europe (Baltic/Iceland/Ireland/Africa) Melanie Carsjens – mcarsjens2@hollandamericagroup.com
* Western Europe, Canada New England & UK – bfreeman@hollandamericagroup.com
* Eastern Europe & Middle East - Andra Howie – ahowie@hollandamericagroup.com
* Panama, Mexico & South America Heather Householder – hhouseholder@hollandamericagroup.com
* Asia ( including India) Athena Mok - Athena.Mok@carnivalaustralia.com
* Caribbean - Lisa Jensen - ljensen@hagroup.com
* Alaska & Pacific Northwest Regions & Hawaii - Jennifer Miller - jmiller@hagroup.com
	+ For guests injured on Landex Tours please email Linda Huston at lhuston@hagroup.com
* Australia/New Zealand, South Pacific & French Polynesia – Matthew Mckeown - Matthew.Mckeown@carnivalaustralia.com
* Director, Destinations, Sydney Office – Michael Mihajlov - Michael.Mihajlov@carnivalaustralia.com
* Director Shore Excursions & Product Developmnet – evlad@hollandamericagroup.com
* Senior Director Shore Excursions – elynch@hollandamericagroup.com

For all charters and all guests booked through the HA Group Groups Department include Hamish Gordon hgordon@hollandamericagroup.com; Yolanda Popelier YPopelier-Visser@HollandAmericaGroup.com; Anabelle Barrios Rasco- arasco@hagroup.comAlaska Region Land Excursions : The Holland America Group Land Excursions Team HAP Alaska Yukon Corporate Office - Fax: 206-728-3945 or Email: msutton@hagroup.com Third Party Operators - HAP Alaska Yukon Corporate Office - Fax: 206-728-3945 or Email: msutton@hagroup.com |
|  |