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| **Vendor Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Business Name | | | |  | | | | | | | | | | | | | | Contact Name | | | | |  | | | | | | | | | | | | | | | | | |
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| Address | | | |  | | | | | | | | | | | | | | Contact Email | | | | |  | | | | | | | | | | | | | | | | | |
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| **Incident Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Tour Code & Tour Name | | | | NATIONAL PARK | | | | | | | | | | | | | | Port | | | | | USHUAIA | | | | | | | | | | | | | | | | | |
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| Date of Incident (mm/dd/yy) | | | | | | 21/02 | | | | | | | Time of Incident | | | | | | |  | | | | | | | | | □ AM □X PM | | | | | | | |  | | | |
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| Physical Location of Incident  (name & full address) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Subject Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| First Name | | | |  | | | | | | | | | Last Name | | | | | | |  | | | | | | | | | | | | | | Middle Initial | | | | | n/m | |
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| Address & Email | | | |  | | | | | | | | | | | | | | Country | | | | |  | | | | | | | | | | | | | | | | | |
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|  | | | | Citizenship | | | | |  | | | | | | | | | | | | | | | | | |
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| Home Phone | |  | | | | | | | | Work Phone | | | | | | |  | | | | | | | | | Cell Phone | | | |  | | | | | | | | | | |
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| □ Male □ Female Year of Birth | | | | | | | | | | | |  | | | | | | | | | □ Adult (18 or older) □ Minor | | | | | | | | | | | | | | | | | | |  |
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| Cruise Line | |  | | | | | | | | | Ship | | |  | | | | | | | | | | Cabin # | | | |  | | | | Booking # | | | | | |  | | |
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| **Incident Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Type of Incident □ Illness X□ Incident □ Injury □ Death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What happened? (Tell how the incident occurred) | | | | | | | | AS SHE WAS CROSSING THE STREET, SHE TRIPPED AND FELL. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| What object or substance directly harmed the subject? (Examples:  "concrete floor," "chlorine" - if caused  by machine, specify part) | | | | | | | | CONCRETE FLOOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Is follow-up required: | | | | | □ XNo □ Yes | | | If yes, by whom | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject’s Last Name | | | | |  | | | | | | | | | | |  | | |  | |  |  | | | | |  | | | | | | | | | | | | |  |
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| If an illness, onset of symptoms occurred on what date? (mm/dd/yy) | | | | | | | | |  | | | | | | | | | | | | | Time of onset | | | | | |  | | | | | | | | □ AM □ PM | | | | |
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|  | |  | | |  | | | |  | | | | | | |  | | |  | |  | Is the illness chronic? □ No □ Yes | | | | | | | | | | | | | | | | | | |
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| If an illness, list dates, times, locations and the foods consumed within the past 48 hours | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Treatment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Were authorities contacted? (police, fire, ambulance) | | | | | | | | | | | | | | | □ No □ Yes | | | | | | If yes, when | | | |  | | | | | | | | | | | | | | | |
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| Was a report number provided? | | | | | | | | | | | | | | | □ No □ Yes | | | | | | If yes, report # | | | |  | | | | | | | | | | | | | | | |
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| Were photographs taken? | | | | | | | | | | | | | | | □ No □ Yes | | | | | | If yes, by whom and on what date | | | | | | | | | |  | | | | | | | | | |
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| Was treatment given? | | | | | | | | | | | | | | | □ No □ Yes | | | | | | Did Subject refuse treatment? | | | | | | | | | | □ No □ Yes | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Minor on-site first aid | | | | | | | | | | | □ Emergency evacuation / emergency room | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| □ Minor treatment in clinic or hospital | | | | | | | | | | | □ Hospitalization for more than 24 hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In the case of death of Subject, date  death occurred (mm/dd/yy) | | | | | | |  | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | |  |
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| Name & Address of  treating physician | | | | |  | | | | | | | | | | | | | | Name & Address of  treating hospital/  clinic | | | | | |  | | | | | | | | | | | | | | | |
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| Name, Address, Email & Phone # of  witness(s) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Additional Details / Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Completed by | | |  | | | | | | | | | | | | | | | | | | | Date Completed (mm/dd/yy) | | | | | | | | | | |  | | | | | | | |
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| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Instructions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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](mailto:dberger@hagroup.com;JColwell@HollandAmericaGroup.com;DHembree@HollandAmericaGroup.com;mchavez@hagroup.com;kreich@hagroup.com;adrumalds@hagroup.com;ctirado@hagroup.com;mcarsjens2@hollandamericagroup.com;bfreeman@hollandamericagroup.com;ahowie@hollandamericagroup.com;hhouseholder@hollandamericagroup.com;Athena.Mok@carnivalaustralia.com;ljensen@hagroup.com;jmiller@hagroup.com;lhuston@hagroup.com;Matthew.Mckeown@carnivalaustralia.com;hgordon@hollandamericagroup.com;lhuston@hagroup.com;elynch@hollandamericagroup.com;evlad@hollandamericagroup.com):  **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](mailto:adrumalds@hagroup.com); * Carmen Tirado [-ctirado@hagroup.com](mailto:-ctirado@hagroup.com)   **Risk Management**   * Manny Chavez [mchavez@hagroup.com](mailto:mchavez@hagroup.com) * Karen Reich [kreich@hagroup.com](mailto:kreich@hagroup.com)   **Passenger claims**   * Dana Berger - [dberger@hagroup.com](mailto:dberger@hagroup.com) * Jim Colwell - [JColwell@HollandAmericaGroup.com](mailto:JColwell@HollandAmericaGroup.com) * Darlene Hembree [DHembree@HollandAmericaGroup.com](mailto: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](mailto:Matthew.Mckeown@carnivalaustralia.com) * Director, Destinations, Sydney Office – Michael Mihajlov - [Michael.Mihajlov@carnivalaustralia.com](mailto:Michael.Mihajlov@carnivalaustralia.com) * Director Shore Excursions & Product Developmnet – [evlad@hollandamericagroup.com](mailto:evlad@hollandamericagroup.com) * Senior Director Shore Excursions – [elynch@hollandamericagroup.com](mailto: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.com  Alaska Region Land Excursions : [The Holland America Group Land Excursions Team](mailto:msutton@hagroup.com;dberger@hagroup.com;JColwell@HollandAmericaGroup.com;DHembree@HollandAmericaGroup.com;mchavez@hagroup.com;kreich@hagroup.com;adrumalds@hagroup.com;ctirado@hagroup.com;lhuston@hagroup.com;elynch@hollandamericagroup.com;evlad@hollandamericagroup.com;TGayetta@HollandAmericaGroup.com)  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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