

DEPARTMENT OF HOMELAND SECURITY
U.S.COASTGUARD

OMB No. 625-0001
Exp. Date: 01/31/2016

Involved Persons and Witnesses Addendum

Note: This form shall be used to report data on persons involved or witnessing an OCS-related casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

Section I - Reporting Vessel/Facility Information – Incident Date/Time:

1. Vessel or Facility Name	2. Date/Time (local) of Occurrence
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Section II – Involved Persons and Witnesses Details:

3a. Name (<i>Last, First, Middle</i>)	3b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	3c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
3d. Address		
3e. Telephone		
4a. Name (<i>Last, First, Middle</i>)	4b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	4c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
4d. Address		
4e. Telephone		
5a. Name (<i>Last, First, Middle</i>)	5b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	5c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
5d. Address		
5e. Telephone		
6a. Name (<i>Last, First, Middle</i>)	6b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	6c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
6d. Address		
6e. Telephone		
7a. Name (<i>Last, First, Middle</i>)	7b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	7c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
7d. Address		
7e. Telephone		
8a. Name (<i>Last, First, Middle</i>)	8b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	8c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
8d. Address		
8e. Telephone		
9a. Name (<i>Last, First, Middle</i>)	9b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	9c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
9d. Address		
9e. Telephone		
10a. Name (<i>Last, First, Middle</i>)	10b. Relationship to Vessel or Facility: <input type="checkbox"/> Crew – Position: _____ <input type="checkbox"/> Passenger <input type="checkbox"/> Other – Describe: _____	10c. Status: <input type="checkbox"/> Involved Person <input type="checkbox"/> Witness
10d. Address		
10e. Telephone		

**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692C
INVOLVED PERSONS AND WITNESSES ADDENDUM**

Note: This form shall be used to report data on persons involved or witnessing an OCS-related casualty described on form CG-2692 and may be used to report data on persons involved or witnessing a marine casualty or commercial diving casualty described on form CG-2692.
This form may only be used in addition to form CG-2692, never alone.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is .5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-INV), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

WHEN TO USE THIS FORM

1. This form, when submitted in conjunction with a CG-2692, satisfies the requirement for written reports of casualties and accidents found in the Code of Federal Regulations for OCS-related casualties on OCS Facilities or vessels engaged in OCS activities. Specifically, it provides information on one or more persons who were involved in or witnessed the casualty. This form may only be used in addition to form CG-2692, never alone.

COMPLETION OF THIS FORM

2. In accordance with 46 CFR §4.05-10, 46 CFR §197.486, and 33 CFR §146.35 this form shall be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a block is not applicable, the abbreviation "NA" should be entered in that space. If the answer is unknown and cannot be obtained before the report has to be submitted (i.e. within 5 days of the accident), the abbreviation "UNK" should be entered in that block. If "NONE" is the correct response, enter it in the block.

4. If more than 8 individuals were involved in or witnessed the casualty, additional CG-2692Ds should be completed.

5. Once completed, deliver, email, or fax this form with a corresponding CG-2692 within 5 days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port.

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