

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No: 1625-0001
Exp. Date: 03/31/2019

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

**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692D
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.

3. If more than 8 individuals were involved in or witnessed the casualty additional CG2692Ds should be completed.

4. 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. <http://www.uscg.mil/top/units/>

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.