

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
INVOLVED PERSONS AND WITNESSES ADDENDUM

OMB No: 1625-0001
Exp. Date: 07/31/2022

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 <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	3f. Email address	
4a. Name (Last, First, Middle)	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	4f. Email address	
5a. Name (Last, First, Middle)	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	5f. Email address	
6a. Name (Last, First, Middle)	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	6f. Email address	
7a. Name (Last, First, Middle)	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	7f. Email address	
8a. Name (Last, First, Middle)	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	8f. Email address	
9a. Name (Last, First, Middle)	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	9f. Email address	
10a. Name (Last, First, Middle)	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	10f. Email address	

Privacy Act Statement

Authority: The authority for this collection is 46 U.S. Code 6101.

Purpose: The Coast Guard uses this information in gathering facts to determine causes surrounding reportable marine casualties. This information assists in promoting the safety of life, property, and the protection of the marine environment through preventing the reoccurrence of accidents.

Routine Uses: Reportable marine casualty information is needed for Coast Guard investigations of vessel casualties involving injury, death, property damage, environmental damage and dangerous conditions and for preparation and submission of data reports mandated by Congress (see 46 U.S.C. 6301). Information gathered is also used to determine whether new or revised safety laws, regulations, and policies are necessary. Additionally, chemical testing information is needed to improve Coast Guard detection and reduction of drug use by mariners. Any external disclosures of information within this record will be made in accordance with DHS/USCG-013 Marine Information for Safety and Law Enforcement, June 25, 2009, 74 FR 30305.

Disclosure: Furnishing this information is mandatory. Failure to furnish the requested information for occurrences that are reportable marine casualties, diving casualties, or OCS-related casualties may result in civil penalty.

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.

**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.

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. <https://www.uscg.mil/Units/Organization>

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.