

Charleston Stevedoring Company, LLC.

Notice of Accident / Injury

Date: _____ Time _____

Vessel: _____ Voyage _____

Please be advised that there was an incident with injuries aboard your vessel
the Port of **USCHS**, during the day / night of _____, 20____.

A longshoreman / CSC Employee, _____, port ID
number _____ was injured aboard your ship when he / she was in
the course and scope of employment with Charleston Stevedoring Company, LLC.

Representative of Charleston Stevedoring Company, LLC.

Officer or representative of vessel involved

cc: CSC Safety
cc: CSC Workers' Comp.
cc: Operations File



CHARLESTON STEVEDORING COMPANY