**Princess Cays Ltd**

Private & Confidential, Prepared for Company's

|  |  |
| --- | --- |
| **Vendor Information** | **n Cay Guest Incident R**Attorney in anticipation of Litigation |

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name | HALF MOON CAY | Contact Name | Carlos Forbes |
|  |  |  |  |
| Address | BAHAMAS | Contact Email Phone # | hmc.pcl.compliancemgr@gmail.com
 |
|  |  |
|  | 1-242-824-3664 |

**Incident Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Tour Code &
Tour Name | Island Bicycle Tour | Port | HALF MOON CAY |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Incident (mm/dd/yy) | 2-1-2023 | Time of Incident | 1:00 | 0❑ AM ❑1 PM |

|  |  |
| --- | --- |
| Physical Location of Incident (name & full address) | Bathroom #3 |

**Subject Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First NameAddress & EmailHome Phone |
 | Kimberly Last Name Hodge | Middle Initial |
|
 | Country Citizenship |
 |
 |
| 7720 Oconnor 3607 TX | U.S.A
 |
 |
| N/A |
 |
|
 |
 |
 |
| 512-784-5214 Work Phone Cell Phone |
 |

|  |  |  |
| --- | --- | --- |
| 0❑ Male ❑1 Female Year of Birth | 5-26-1965 | * 1 Adult (18 or older) ❑0 Minor
 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Cruise Line | Carnival | Ship | Dream | Cabin # | 1261 | Booking # |  |

**Incident Details**

Type of Incident ❑ Illness 1❑ Incident ❑1 Injury ❑ Death

What was the subject doing just before the incident occurred? Describe the activity)

Mrs.Hodge was riding her assigned bicycle.

What happened? (Tell how the incident occurred)

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.)

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."

What object or substance directly harmed the subject? (Examples: "concrete floor," "chlorine" - if caused by machine, specify part)

In your opinion, has corrective action been taken? (If yes, please indicate

|  |
| --- |
| She lost balance and accidently fell as a result of another guest bicycle hitting her front tire. |

|  |
| --- |
| The incident occurred in the area of bathroom # 3. |

|  |
| --- |
| Bruised left thigh,left shin,palm of left hand,top of right hand, right knee, right ankle and left elbow. |

|  |
| --- |
| Guest bicycle. |

N/A

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|  |  |
| --- | --- |
| what was done; if no action is required, please indicate N/A). | Guest was assisted by the bicycle guide. |

Is follow-up If yes, by whom

* No ❑ Yes

required:

Subject’s Last Name

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If an illness, onset of symptoms occurred on what date? (mm/dd/yy) |  | Time of onset |  | * AM ❑ PM
 |

Is the illness chronic? ❑ No ❑ Yes

If an illness, list dates, times, locations and the foods consumed within the past 48 hours

**Treatment**

|  |  |
| --- | --- |
| Were authorities contacted? (police, fire, ambulance) ❑ No ❑ Yes If yes, whenWas a report number provided? ❑ No ❑ Yes If yes, report # |
 |
|
 |
|
 |
| Were photographs taken? ❑ No ❑ Yes If yes, by whom |
 |
| and on what date |
| * 1 ■ Did Subject refuse

Was treatment given? 1 ❑ No ❑ Yes | treatment? ❑1 No ❑0 Yes |
| 0❑ Minor on-site first aid ❑ Emergency evacuation / emergency room |
| 0❑ Minor treatment in clinic or hospital | * Hospitalization for
 | more than 24 hours |
| In the case of death of Subject, date death occurred (mm/dd/yy) |
 |
 |
| Name & Address of treating physician |
 |
 | Name & Address of treating hospital/ clinic |
 |
|
 |
 |
| Name, Address, Email witness(s) | & Phone # of |
 |
 |
 |
|
 |

**Additional Details / Signature**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Completed by | Malaya Thompson: Bicycle Tour Guide / Ryan Knowles: Resort Manager | Date Completed (mm/dd/yy) | 2-1-2023 |

Signature

**Instructions:**

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**Holland America Group Shorex Vendor Incident Form**

Private & Confidential, Prepared for Company's Attorney in anticipation of Litigation

**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 distribution list below just click on the link:** The Holland America Group Shore Excursions Team:

**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
* Carmen Tirado ctirado@hagroup.com

**Risk Management**

* Manny Chavez mchavez@hagroup.com
* Karen Reich kreich@hagroup.com

**Passenger claims**

* Dana Berger - dberger@hagroup.com
* Jim Colwell - JColwell@HollandAmericaGroup.com
* Darlene Hembree - 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 – Michele Bosco – mbosco@hollandamerica.com
* Panama, Mexico & South America Heather Householder – hhouseholder@hollandamericagroup.com
* Asia ( including India) Athena Mok - Athena.Mok@carnivalaustralia.com
* Caribbean - Lisa Banner - lbanner@hagroup.com & Heather Householder – hhouseholder@hollandamericagroup.com
* Alaska & Pacific Northwest Regions & Hawaii - Jennifer Miller - jmiller@hagroup.com

o 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
* Director, Destinations, Sydney Office – Michael Mihajlov - Michael.Mihajlov@carnivalaustralia.com
* Director Shore Excursions & Product Development – evlad@hollandamericagroup.com
* Senior Director Shore Excursions – 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

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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