



**National Transportation Safety Board  
Office of Marine Safety**

The National Transportation Safety Board (NTSB) is an independent agency of the U.S. government. The mission of the NTSB is to investigate transportation accidents, identify the probable cause, and make recommendations to prevent similar types of accidents from happening again. As you were a passenger onboard the *Crown Princess* incident on 18 July, 2006, we would be grateful if you could answer as many of the following questions as possible.

<b>Personal Data</b>	
Name	(R)
Address	[REDACTED]
Telephone (home/work)	[REDACTED]
Occupation	UNIVERSITY LECTURER
Age	52
Gender	MALE
Physical Disabilities, if any	NONE
<b>General Information</b>	
Where were you when the accident occurred? (deck, cabin, which side etc.)	SELF BY POOL DECK 15(?) AFT WIFE & DAUGHTER. JEWELLERY SHOP DECK 10(?)

Please return by  
September 22, 2006

<b>Description of event</b>	
Please give a brief description of the event- what you saw and heard, including your first indication that something was wrong.	SHIP LEANED OVER <u>NO</u> OTHER INDICATIONS
How were you notified of the problem?	WAS OBVIOUS CAPTAIN CAME ON PA AT MAXIMUM LEAN
When first alerted to the event, what system was used? Example: PA, other passengers, crew, etc.?	CAPTAIN SAID SHIP WAS OK & HE WOULD BRING IT BACK UP NOT AUDIBLE DUE TO SCREAMS ETC IN JEWELLERY SHOP
If the crew notified you, who told you and what were you told?	SEE ABOVE
During the event, were you kept informed of the situation, by whom, and how often?	SEE ABOVE
Did you notice any loose items, such as furniture, and if so, what was it. If yes, did they present a hazard to your safety?	CABINET FELL OVER IN JEWELLERY SHOP & MERCHANDISE GLASS PANELS FELL & SHATTERED ON FLOOR THEY PRESENTED A DEFINITE HAZARD TO PEOPLE IN THE SHOP.

<b>Mustering</b>	
Did you have to report to a muster station? If so, did crew guide you, did you follow other passengers, or made your own way?	NO
Did you experience any difficulty or delays in reaching your muster station?	N/A
Were you aware of an attempt by crew to account for everyone?	NO
If so, how?	—
Were any of the following illuminated:	Cabin lights/Emergency exit lights NORMAL LIGHTING
<b>Leaving the vessel</b>	
When did you leave the vessel?	WIFE & DAUGHTER WENT TO HOSPITAL ABOUT 6 PM
Where instructions provided by the crew for leaving the vessel?	CREW HELPED
How did you leave the vessel and where did you go?	I REMAINED ON BOARD UNTIL I WENT HOME 2 DAYS LATER
<b>Injuries</b>	
Please describe any injuries you or your traveling companions sustained and what caused them.	SELF - NONE WIFE - SEVERE DAMAGE TO LEG & FOOT DAUGHTER - DAMAGE TO FOOT & KNEE (ISSUES FROM CABINET FALLING ON FLOOR IN SHIP)
Describe the medical treatment you received on board the ship?	FIRST AID - BANDAGES ETC.

Who actually look at your injuries?	DOCTOR ON SHIP & PASSENGERS HELPING IN THE MEDICAL COCKE WHO WERE MEDICALLY TRAINED &
Was it clear to you where you were supposed to go to receive medical treatment?	THE HOSPITAL WAS NOT NAMED AS THE ASSURED WERE BEING TAKEN TO DIFFERENT HOSPITALS
Did anyone assist or direct you on where to go to receive medical treatment?	A MEMBER OF THE CREW TOOK MY WIFE & DAUGHTER TO THE MEDICAL COCKE
How would you rate the medical facilities on board the vessel? (5-excellent,4,3,2,1-unacceptable), and why?	THE MEDICAL FACILITIES WERE ADEQUATE BUT OBVIOUSLY COULD NOT COPE WITH THE NUMBER OF ASSURED PASSENGERS & THE TYPE OF INJURIES SUSTAINED (RATE 3)
Were the medical facilities adequate for this type of emergency?	YES — ADEQUATE UNTIL REACHING PORT
Were you hospitalized as a result of your injuries? If yes, provide the name of the hospital, and duration of your stay?	MY WIFE & DAUGHTER STAYED AT THE HOSPITAL OVERNIGHT WUESTHOFF HEALTH CANAVERAL
How do you rate the overall performance of the crew during the evacuation (5-excellent, 4,3,2,1-unacceptable), and why?	THE STAFF IN THE SHOP JUST RAN OUT WHEN THE ACCIDENT OCCURED. MY DAUGHTER HAD TO LIFT THE CABINET OFF MY WIFE
If we would like additional information, do we have permission for a follow up telephone interview?	YES
Signature: (R)	Date: 9 September 06

HOSPITAL STAFF

**\*\*\*ADDITIONAL COMMENTS\*\*\***

We sincerely appreciate your time and provided information. Please return the questionnaire using the prepaid envelope supplied or by addressing an envelope to:

Office of Marine Safety  
National Transportation Safety Board  
490 L'Enfant Plaza East, SW  
Washington, DC 20594