

MARITIME INCIDENT REPORT FORM

It's the duty of the skippers , masters , owners of ships to report accidents to maritime authorities (and to insurance if applicable)

This document helps you to make an accurate report , completing and signing it does not constitute an admission of liability of any kind , either by the person making the report or ant other person

Section A

Date of incident :		Time of incident (in LT) :	
Name of vessel :			
Location			

Weather conditions (mark what is applicable)

Natural light	Visibility	Sea state	Wind force (Beaufort)
Light	Good	Sheltered water	Force 0-2
Semi dark	Moderate	Calm	Force 2-4
Dark	Poor	Moderate	Force 4-6
Unknown	Very poor	Rough	Force 6-8
Other	Other	other	> Force 8
			Wind direction

Consequences of incident (tick as many boxes as apply)

<input type="checkbox"/>	Fatal injury	<input type="checkbox"/>	Non Fatal injury	<input type="checkbox"/>	No injury
<input type="checkbox"/>	Vessel damaged	<input type="checkbox"/>	Vessel lost or abandoned	<input type="checkbox"/>	No damage
<input type="checkbox"/>	Pollution	<input type="checkbox"/>	No Pollution	<input type="checkbox"/>	Other (specify)

Section B : Vessel details

Flag :		Home port :		Registration nbr :	
LOA :		Call sign		Year of build	
Draught		Nbr of crew		Hull material	
Last port		Destination		Nbr of passengers	

Owner or agent details

Name		Tel:	
Address:		Email:	
Town		Country	

Insurance details

Name		Tel:	
address:		Email:	
Town		Contract n°	

Other vessel involved

Flag :		Home port :		Registration nbr :	
LOA :		Call sign		Year of build	
Draught		Nbr of crew		Hull material	
Last port		Destination		Nbr of passengers	

Insurance details other vessel

Name :		Tel:	
Address:		Email:	
Town		Contract n°	

Section C : Description of incident

Continu on a separate sheet if required

Name of OOW on duty during the incident

Safety equipment used on the incident : (tick as many items as apply)

VHF/DSC	Life raft	EPIRB	Flares
Fire extinguishers	MOB Equipment	Flares	Sart

Section D : Details of person(s) killed , injured or missing

Name	Gender	D.o.B	Nationality	Rank	Injury / Killed / missing

Continu on a separate sheet if required

Section E : Exterior assistance

Has any action been taken and if so what , by whom and when ?

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Continu on a separate sheet if required

Witnesses

Name		Contact details	
Name		Contact details	
Name		Contact details	

Person completing the form

Name		Position or rank	
Date		Signature	