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| **REPORT OF VESSEL CASUALTY / INCIDENT** | | | | | | | | | | | | | | |
| **INSTRUCTIONS** | | | | | | | | | | | | | | |
| **1. An original of this form shall be submitted to the G-B I.S.R. as soon after the occurrence of the casualty as possible, and no later than 24 hours since the occurrence.**  **2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials “N.A.”** | | | | | | **3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.**  **4. Attach crew list to this form.** | | | | | | | | |
| **I. PARTICULARS OF VESSEL** | | | | | | | | | | | | | | |
| 1. Name of Vessel | | | | 2. IMO Number | | | 3. Year built | | 4. Gross Tonnage | | | | 5. Net Tonnage | |
| 6. Type of Vessel (See Note 1.) | 7. Propulsion (See Note 2.) | | | | | | 8. Place Built | | | | | | | |
| 9. Name of Owner | | | 10. Name, Address and Telephone of Managing Agent | | | | | | | | | | | |
| 11.(a) Name of Master or Person in Charge | | | (b) Citizenship | | | | (c) Date of Birth | | | | (d) License Grade and Date of Issue | | | |
| **II. CASUALTY** **PARTICULARS** | | | | | | | | | | | | | | |
| 12. (a) Date of Casualty | | (b) Time (Local or Zone) | | | | | (c) Zone Description | | | | (d) Time of Day  🞎 Day 🞎 Night 🞎 Twilight | | | |
| 13. Geographical Location of Casualty and Name of Body of Water (See Note 3.) | | | | | | | 14. Country of Casualty | | | | | | | |
| 15.(a) Port of Departure | | | | | (b) Date of Departure | | | (c) Port to Which Bound | | | | | | |
| 16. (a) Nature of Cargo | | | | | | | (b) Amount Dry Cargo | | | (c) Amount Bulk Liquid | | | | (d) Amount Deck Cargo |
| 17. Speed in Knots Prior to Casualty | | | | | | | 18. True Course Prior to Casualty | | | | | | | |
| 19. Atmospheric Conditions at Time of Casualty (Check one or more of the following)  🞎 Clear 🞎 Partly Cloudy 🞎 Overcast 🞎 Fog 🞎 Rain 🞎 Snow 🞎 Other (Specify) | | | | | | | | | | | | | | |
| 20. Distance of visibility  🞎 Under 2 Miles  🞎 2-5 Miles  🞎 Over 5 Miles | 21. Wind  🞎 Light  🞎 Moderate to Fresh  🞎 Storm to Hurricane | | | | | | 22. Sea  🞎 Smooth to Slight  🞎 Moderate to Rough  🞎 High | | | | | 23. Wind Direction | | |
| 24. Direction of Sea | | |
| 25. Navigation Equipment (Check one or more of the following)  🞎 Radar (🞎 S Band, or 🞎 X Band) 🞎 ARPA  🞎 Inoperative  🞎 Used | | | | | | | 26. Communications Equipment (check one or more of the following)  🞎 Radiotelephone  🞎 In use with Other Vessels  🞎 In use with Shore Station  🞎 Not Used | | | | | | | |
| 27. Auto Alarm Transmitted by your Vessel?  🞎 Yes 🞎 No | | | | | | |
| Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.  Note 2. Propulsion - Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.  Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name. | | | | | | | | | | | | | | |

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| 28. Nature of the Casualty (Check one or more of the following). | | | | | | | | | | | | | | |
|  | | COLLISION WITH ANOTHER VESSEL(S) (Give Name and Flag of Other Vessels) | | | | | | | |  | EXPLOSION/FIRE (Other) | | | |
|  | | COLLISION WITH FLOATING OR SUBMERGED OBJECT | | | | | | | |  | GROUNDING | | | |
|  | | COLLISION WITH FIXED OBJECT (Piers, bridges, etc.) | | | | | | | |  | FOUNDING (Sinking) | | | |
|  | | COLLISION WITH ICE | | | | | | | |  | CAPSIZING WITHOUT SINKING | | | |
|  | | COLLISION WITH AIDS TO NAVIGATION | | | | | | | |  | FLOODINGS, SWAMPING, ETC., WITHOUT SINKING | | | |
|  | | COLLISION (Other) | | | | | | | |  | HEAVY WEATHER DAMAGE | | | |
|  | | EXPLOSION/FIRE (Involving cargo) | | | | | | | |  | CARGO DAMAGE (No Vessel Damage) | | | |
|  | | EXPLOSION/FIRE (Involving vessel’s fuel) | | | | | | | |  | MATERIAL FAILURE (Vessel Structure) | | | |
|  | | FIRE (Vessel’s structure or equipment) | | | | | | | |  | MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.) | | | |
|  | | EXPLOSION (Boiler and associated parts) | | | | | | | |  | EQUIPMENT FAILURE | | | |
|  | | EXPLOSION (Pressure vessels and compressed gas cylinders) | | | | | | | |  | CASUALTY NOT NAMED ABOVE | | | |
|  | | | | | | | | | | | | | | |
| 29. Personnel | | | Crew | | Passengers | Other | Totals | | 30. Property Losses | | | | Dollars (USA) | |
| (a) Number on Board | | |  | |  |  |  | | (a) Estimated loss/damage to vessel | | | | $ | |
| (b) Number known dead | | |  | |  |  |  | | (b) Estimated loss/damage to cargo | | | | $ | |
| (c) Number Missing | | |  | |  |  |  | | (c) Estimated loss/damage to other property | | | | $ | |
| (d) Number Injured | | |  | |  |  |  | | 31. Is Vessel a Total Loss? 🞎 Yes 🞎 No | | | | | |
| 32. DESCRIPTION OF CASUALTY IF NOT DEATH | | | | | | | | | | | | | | |
| 33. Deck Officer on Duty at Time of Casualty | | | | | | | | 34. Engineer on Duty at Time of Casualty | | | | | | |
| Name | | | | | | | | Name | | | | | | |
| Capacity | | | | License No. | | | | Capacity | | | | License No. | | |
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| **III. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)** | | | | |
| 35. (a) Name of Person | | (b) Home Address | | (c) Date of Birth |
| (d) Citizenship |
| 36. Seaman’s Book or Passport No | | 37. Status or Capacity on Vessel | | |
| 38. Activity Engaged in at Time of Casualty | | 39. If Crew Member or Shore Worker  🞎 On Watch 🞎 Working 🞎 Other | | |
| 40. (a) Name of Immediate Supervisor at Time of Casualty | | (b) Supervisor’s capacity or Status on Vessel | | |
| 41. DESCRIPTION OF CASUALTY (Give events leading up to casualty and how it occurred. Attach diagram and additional sheets, if necessary.) | | | | |
| 42. (a) DOCTOR (Medical) MESSAGE SENT | (b) IF YES, GIVE DATE OF FIRST MESSAGE | | (C) IF YES, GIVE TIME OF FIRST MESSAGE  (Local or zone and description) | |
| 43. (a) TREATMENT ADMINISTERED  🞎 Yes 🞎 No | | (b) IF YES, BY WHOM  🞎 Ship’s Doctor 🞎 Other Ship’s Personnel 🞎 Other (Specify) | | |
| 44. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D.) | | | | |
| 45. (a) Name of Hospital, If Person was Hospitalized | | (b) Address of Hospital | | |

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| **IV. ASSISTANCE AND RECOMMENDATIONS** | | | |
| **46. Recommendations for Corrective Safety Measures Pertinent to this Casualty** | | | |
| 47. Date of Report | 48. Submitted by (Print Name) | 49. Signature | 50. Title |

**Master or person in charge, or,**

**if neither is available,**

**by the owner or his duty authorized agent sign**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stamp of the Ship or Company**