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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 |
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| 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**

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**Stamp of the Ship or Company**