

Notification of Marine Casualty or Incident



Aeronautical Meteorology Authority and
Maritime Accident Investigation Office

General casualty data

Nature of occurrence:

Date notification:

Time notification (local, hh:mm):

Casualty event:

Date casualty:

Time casualty (local, hh:mm):

Latitude (dd°mm'.mm):	Deg	Min	°	'	North	South	Datum:
Longitude (ddd°mm'.mm):	°	'	°	'	East	West	

Location of the occurrence:

National location:

Port of accident:

Traffic separation scheme:

Third part damage:

SAR intervention:

Did the ship sink?

Damage to the ship:

Ship unfit to proceed:

Ship operation:

	Crew	Passenger	Other
Lives lost:			
People injured:			

Towage or shore assistance:

Pollution cargo:

Pollution quantity cargo (Lts):

Pollution bunkers:

Pollution quantity bunkers (Lts):

Hazardous substances on board:

Air pollution:

Spilled products:

Occurrence description:

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External environment

Sea state: Wind force (Beaufort scale):
Weather conditions: Natural light: Visibility:

Ship 1 particulars

Name of the ship:
IMO number: MMSI number: Call sign:
Ship type: Port of registry:
Classification society: Year of build:
Gross tonnage: Displacement: Deadweight:
Building yard: Hull material:
Length overall (m): Max. draught (m): Breadth (m): Length between PP (m):

Ship 2 particulars

Name of the ship:
IMO number: MMSI number: Call sign:
Ship type: Port of registry:
Classification society: Year of build:
Gross tonnage: Displacement: Deadweight:
Building yard: Hull material:
Length overall (m): Max. draught (m): Breadth (m): Length between PP (m):

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Voyage particulars

Port of departure:

Port of destination:

Voyage type:

Voyage segment:

Nr. of days on voyage:

Nr. of crew (voyage):

Nr. of passengers (voyage):

Occupational accident general data

Occupational accident type:

Number of persons:

Accident description:

Contact details (ship)

Manager/Owner of the ship (name):

Company/organization:

Address:

Phone number:

Fax number:

Email:

Ship's safety officer:

Position:

Company/organization:

Address:

Phone number:

Fax number:

Email:

Contact details (reporting person/entity)

Name:

Position:

Company/organization:

Address:

Phone number:

Fax number:

Email: