



For Official Use

BMA Ref :

IMO GISIS Ref :

Notification of Marine Casualty **Date**
(Interested States) **State**

CASUALTY REPORT FORM

The Merchant Shipping Act 1976 Sections 240A and 241 require Masters to report damage sustained by or accidents caused to Bahamian registered vessel. These include loss of life, total loss of vessel, serious injuries, and damages that affect the vessel seaworthiness or efficiency. Under the Act gives the Bahamas Maritime Authority the power to hold a Preliminary Investigation in matters such as damage to the vessel, any damage caused by the vessel, grounding of the vessel and abandonment of the vessel.

Pollution incidents must also be reported to the Coastal State.

Please return the completed form to:

Bahamas Maritime Investigations Department **OR**
BAHAMAS MARITIME AUTHORITY casualty@bahamasmaritime.com
120 Old Broad Street
LONDON EC2N 1AR

Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person. For further assistance check <http://www.bahamasmaritime.com/downloads/04bulltn.pdf>

Section A: Incident Details

Date of Incident:

Time of incident (UTC or Local time?):

Name of Vessel:

Casualty Category:

Location of incident (e.g. Lat/Long, name of port or other geographic reference):

Others: (Please specify)

| Light | | Visibility | | Sea State | | Wind Force (Beaufort) | |
|--|--|----------------------------|--|------------------|--|-----------------------|--|
| Light | | Good (>5nm) | | Sheltered waters | | Force 0–3 | |
| Semi dark | | Moderate (2 – 5nm) | | Calm | | Force 4–6 | |
| Dark | | Poor (1 nm – 2nm) | | Moderate | | Force 7–9 | |
| Artificial | | Fog – <1 nm please specify | | Rough | | Force 10–12 | |
| Unknown | | | | Other | | > Force 12 | |
| Did the incident occur within the port limits? | | | | | | Wind Direction: | |

Consequences of Incident (tick as many boxes as apply):

Fatal Injury

Non-Fatal Injury

No injury or damage

Vessel damaged

Vessel lost or abandoned

No pollution

Pollution

Company Investigation commenced

**** In the case of very serious and serious casualty VDR**

VDR Preserved YES

Section B: Vessel Details

| | | |
|--|-------------------------------|------------|
| Ship Type: | IMO Number: | Call sign: |
| Year of build: | Official number: | |
| Length of vessel: | Hull material: | |
| Number of crew onboard: | Number of passengers onboard: | |
| Date and time of departure from last port: | Voyage from: to: | |

If applicable, extent of damage sustained to your vessel / pollution caused:

| | |
|---|---|
| Name & address of manager or owner: Tel. No: Email: | If applicable, name & port of registry or flag of any other vessel involved: |
|---|---|

Section C: Details of person(s) Injured

(This section should also be completed if any person has been killed or missing)

| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| How many person(s) suffered injuries preventing performance of normal full range of duties for 3 days or more after the day of the accident? | | | | | |
| How many person(s) killed or missing? | | | | | |
| Position (e.g. rank, rating, passenger) | | | | | |
| Gender (M/F) | | | | | |
| Age | | | | | |
| Kind of injury (or enter "fatal" or "missing" if appropriate) | | | | | |
| What was injured? (e.g. left leg, finger) | | | | | |
| Place on vessel where injury sustained | | | | | |
| Did injury mean 3 days or more off work or greater than 24hrs in hospital (Y/N) | | | | | |
| On duty (Y/N)* | | | | | |
| Hours on duty prior to accident* | | | | | |
| Duration of last off duty period* | | | | | |
| Days since last leave | | | | | |

If more than 5 persons suffered reportable injuries please use a continuation sheet

* For operational staff only

Section D: Brief Description of Incident & Sequence of Events

Please continue on a separate sheet if required

Section E: Why it happened & follow up action
(Please continue on a separate sheet if required)

1. Please state why you think the incident happened.

2. Has any action been recommended by you or anyone else as a result of this accident and if so, what and by whom?

- 3 Subsequent Action Taken

- 4 By Whom ?

- 5 When ?

Section F: Signed Declaration

| Person completing Form | Countersigned by a Responsible Officer | Designated Person |
|--|--|--|
| Name: | Name: | Name and address: Tel No: Email: |
| Position: | Position: | |
| Signature: not required if sending as eform | Signature: not required if sending as eform | |
| Date: | Date: | |

Section G: *for completion if MARPOL related*

| Consequences to the Environment (Pollution): | |
|--|---|
| Source of Pollution: | |
| Oil in Bunkers Type of Oil: | Quantity spilled: m ³ / tonnes |
| Oil Cargo Type of Oil: | Quantity spilled: m ³ / tonnes |
| Chemicals in Bulk Type of Chemical | Quantity spilled: m ³ / tonnes |
| Others Please Specify | Quantity spilled: m ³ / tonnes |

Section H: *for completion if PIRACY / Armed Robbery related*

| Consequences following Attack: | | | |
|---|--|-------------------------------------|--|
| Status when Boarded (berthed / Anchored / Steaming) | | Owens Ships Speed (if underway) | |
| Type of Attack (boarded or attempted) | | Ships Freeboard | |
| Consequences for Crew, Ship and Cargo: Any Crew injured / killed | | Number of Pirates Armed | |
| Area of Ship under attack: (focsle / stern etc) | | Were you in International Waters | |
| Nearest Coastal State | | | |

| | | |
|--------------------------------------|--|--|
| Number of continuation sheets | | |
|--------------------------------------|--|--|