

For Official Use			
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Code	<input type="text"/>	<input type="text"/>	<input type="text"/>

Incident Report Form

- The Merchant Shipping (Accident Reporting and Investigation) Regulations require Masters, Skippers and Owners to report accidents and dangerous occurrences. They are encouraged to report hazardous incidents as well. The terms are explained in the Regulations and in the Merchant Shipping Notice on accident reporting. Briefly, they include any accident leading to death or significant injury, or to loss or abandonment of the vessel or to her suffering material damage; any stranding, collision, fire, explosion or major breakdown; any incident causing harm to any person or the environment; and any incident which might have led to injury or which hazarded the ship.
- Please read the Merchant Shipping Notice for further details and advice, or telephone MAIB on 023 8039 5500.
- One form should be completed for each incident.
- Please return the completed form to: Marine Accident Investigation Branch
 First Floor, Carlton House,
 Carlton Place,
 Southampton, SO15 2DZ,
 United Kingdom
- 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.
- Please complete the form clearly, using black or blue ink. Please the boxes.

Section A

Date of Incident	Day	Month	Year	Time of Incident (state whether UTC (GMT) or local time):	<input type="text"/> :
	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Name of vessel	<input type="text"/>			Previous name (if changed in last 6 months)	<input type="text"/>
Official Number or Fishing Number or (if non-UK) Call Sign	<input type="text"/>			If fishing vessel please state type (eg stern trawler, crabber etc)	<input type="text"/>
Name and address of owner or manager				Name and Port of Registry or Flag of any other vessel involved	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				<input type="text"/>	
<input type="text"/>				<input type="text"/>	
Tel. No.				<input type="text"/>	

Section B

Date and time of departure from last port :

Voyage from and to: From:
To:

Location of incident (eg latitude & longitude or name of port, or other geographical reference)

Weather and visibility at time of incident

Responsibility: was incident caused principally by persons on another vessel, or shoreside persons, or persons **not** sailing with your vessel?
Yes
No

Type of incident (please tick appropriate boxes)

Fatal injury Non-fatal injury

Vessel lost or abandoned Vessel damaged

Other accident or incident

Section C - Details of person(s) killed or injured

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

Place of incident (eg engine room; galley)

How many person(s) suffered an accident which resulted in death or injuries preventing the performance of the normal full range of duties for 3 days or more after the day of the incident?

Please complete the questions in the table for each person.

Position (eg rank; rating; passenger)	Age	Injured part of body	Kind of injury	* Hours worked before incident	* Duration of last off duty period	* Whether on duty
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

* For operational staff only

If more than 6 persons suffered reportable accidents please continue on page 4.

Section D

Please give a brief description of the sequence of events leading to the incident.

if necessary continue on page 4.

Section E

1. Please state how you think the incident happened.
2. Has any action been recommended by you as a result and if so, what?
3. Has any action been taken and if so, what?

if necessary continue on page 4.

Section F

Signed	<input type="text"/>	To be completed by the ship's Safety Officer if applicable	
Name	<input type="text"/>	Signed	<input type="text"/>
Master or Owner's repre- sentative	<input type="text"/>	Name	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Section G

(if applicable)

If the incident involved a reportable personal accident or was a dangerous occurrence and there is an elected Safety Representative on board the vessel, he must be shown the completed report and allowed to write in this section any comments which he may wish to make. If the injured persons are represented by different Safety Representatives, each may make additional comments if desired in the space below but in any event, they should all sign the form.

Signed

Safety Representative

Name

Date

This space may be used as an extension of Sections C, D, E and G. **Please state clearly which sections are being expanded.**

If there is insufficient space in any part of this form for your answers or comments, please use a plain sheet of paper as a continuation sheet and fasten it securely to this form. Please indicate in the box below the number of sheets used.

Number of continuation sheets