

Maritime casualty report – Ship and personnel

The master or ship manager shall forward the “Maritime casualty report – Ship and personnel” within 72 hours after the accident. More information on notification and reporting requirements is available on: <https://www.sdir.no/en/casualty>

Please forward report to: post@sdir.no

Post: Norwegian Maritime Authority, Pb 2222, N-5509 HGSD, Norway





Part A. General Information

Name of vessel:	Call sign:
Vessel type:	IMO no:
Date of accident(d:m:y):	time(local time):
Vessels position at time of accident:	(North/South) (East/West) Place:
Geographical area:	Type of waters:
Contact person(s):	
Telephone:	E-mail: @ .

What has happened? Please give a brief summary on the course of events:

If further space is required, continue on page 5 (Part K)

Consequences (please tick of as relevant):

	<input type="checkbox"/> loss of life	<input type="checkbox"/> injury	<input type="checkbox"/> no personal injuries
	<input type="checkbox"/> vessel lost or abandoned	<input type="checkbox"/> vessel/equipment damaged	<input type="checkbox"/> no damage to vessel/equipment
	<input type="checkbox"/> pollution	<input type="checkbox"/> damage to cargo/property	<input type="checkbox"/> no pollution
	<input type="checkbox"/> near accident/marine incident with imminent danger of loss of life, property or severe pollution.		

Part B. Weather and sea state

Wind direction:	force:	(m/s)	Wave height:	(m)
Visibility:	<input type="checkbox"/> Good (Over 5 Nm)	<input type="checkbox"/> Fog (under 0,5 Nm)		
	<input type="checkbox"/> Moderate (2,1 – 4,9 Nm)	<input type="checkbox"/> Visibility below (0,25 Nm)		
	<input type="checkbox"/> Poor (0,5 – 2 Nm)	<input type="checkbox"/> Unknown		
Lighting:	<input type="checkbox"/> Daylight	<input type="checkbox"/> Night/dark	<input type="checkbox"/> Twilight/dusk	<input type="checkbox"/> Unknown
Current (direction and force):				

Part C. Vessel particulars

Gross tonnage:	Built:	Breadth:	Length over all:
Nationality:		Hull material:	
Class:		Trading area:	
Last class inspection (Place/date):			
VDR type:		Accident data stored: <input type="checkbox"/> Yes <input type="checkbox"/> No	

At time of accident:

Vessel's activity:			
Loading condition:		Type of cargo:	
Place of departure:		Place of arrival:	
The vessels course:	(°) Speed:	(knots) and draught:	(meter)
Bridge team composition:			
Watch schedule in use:		Nautical charts : <input type="checkbox"/> Paper <input type="checkbox"/> ECDIS <input type="checkbox"/> ECS	
Pilot: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Exemption Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Persons on board:			
Safe manning:	Additional crew:	Passengers:	Others: Total:

Part D. Causes

What where the immediate physical cause, and what other factors may have influenced the course of event (communication, organization, working conditions, weather, etc.)?

Part E. Injuries and fatalities

Number of injured persons:

Number of fatalities or missing persons:

If more than 2 injured/dead, use part K, or add attachments.

A	DOB:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Position:
	Nationality:		Place on board:
	Accident occurred while injured was:	<input type="checkbox"/> on duty <input type="checkbox"/> off duty	Hours on duty:
	Personal protective equipment used:		
	Type of accident:	Type of injury:	
	Treatment:	<input type="checkbox"/> Hospitalized <input type="checkbox"/> Medical treatment <input type="checkbox"/> First aid	
	Consequence:	<input type="checkbox"/> Death <input type="checkbox"/> <72hrs absence from work	<input type="checkbox"/> >72hrs absence from work <input type="checkbox"/> Alternative work
B	DOB:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Position:
	Nationality:		Place on board:
	Accident occurred while injured was:	<input type="checkbox"/> on duty <input type="checkbox"/> off duty	Hours on duty:
	Personal protective equipment used:		
	Type of accident:	Type of injury:	
	Treatment:	<input type="checkbox"/> Hospitalized <input type="checkbox"/> Medical treatment <input type="checkbox"/> First aid	
	Consequence:	<input type="checkbox"/> Death <input type="checkbox"/> <72hrs absence from work	<input type="checkbox"/> >72hrs absence from work <input type="checkbox"/> Alternative work

Part F. Pollution

Pollutant:

Quantity:

UN-number:

Part G. Damage to vessel, equipment, cargo or property

Please describe type and extent of damage to vessel, cargo, property or equipment:

Part H. Risk assessment – risk analysis

Has dangers with the work or ship-operation been assessed? How and by whom?

Part I. Preventive action

Has shipboard management or owners taken any preventive action?(short and long term):

Part J. Comments from the vessel's safety delegate(s)

Part K. Additional comments, illustrations etc.

Please specify which part the additional information refers to: