



For Official Use					
BMA Ref :	<input type="text"/>				
IMO GISIS Ref :	<input type="text"/>				
Notification of Marine Casualty (Interested States)	<table border="1"> <tr> <td>Date</td> <td><input type="text"/></td> </tr> <tr> <td>State</td> <td><input type="text"/></td> </tr> </table>	Date	<input type="text"/>	State	<input type="text"/>
Date	<input type="text"/>				
State	<input type="text"/>				

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:

Maritime Affairs
BAHAMAS MARITIME AUTHORITY
 120 Old Broad Street
 LONDON EC2N 1AR

OR casualty@bahamasmaritime.com

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:	<input type="text"/>	Time of incident (UTC or Local time?):	<input type="text"/>
Name of Vessel:	<input type="text"/>	Casualty Category:	<input type="text"/>
Location of incident (e.g. Lat/Long, name of port or other geographic reference):		Others: (Please specify)	
<input type="text"/>		<input type="text"/>	

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

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

Fatal Injury	<input type="checkbox"/>	Non-Fatal Injury	<input type="checkbox"/>	No injury or damage	<input type="checkbox"/>
Vessel damaged	<input type="checkbox"/>	Vessel lost or abandoned	<input type="checkbox"/>	No pollution	<input type="checkbox"/>
Pollution	<input type="checkbox"/>				
Company Investigation commenced	<input type="checkbox"/>				

**** 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:
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Section C: Details of person(s) Injured
(This section should also be completed if any person has been killed or missing)

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?	
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	1	2	3	4	5
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 F: Signed Declaration

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

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	<input type="text"/>
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