**Report of Shipping Casualty**

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| Instructions:1. Owner or ship Master must submit this report at its earliest convenience via fax or email to the International Maritime Safety Agency of Guyana (IMSAG) The purpose of this report is to determine whether any new lessons can be learnt or new prevention measures can be implemented to prevent similar accidents from occurring.
2. It is necessary to include as much details as possible when the memory is still fresh and clear and use extra sheet of paper to include full details, giving sketches and sequence of events
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| Type of Casualty: (Please circle the appropriate incident)COLLISION, GROUNDING, FIRE OR EXPLOSION, FLOODING, STRANDING, FLOUNDERING, LISTING, CAPSIZING, OTHER (SPECIFY) |
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| Name of Ship (Block): | Departure Port, Date & Time Departed: | Bound For: |
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| Type of Ship | Agent or Owner Address, Fax, Tel, email: | Name, of Person In Charge: |
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| Cargo & Quantity | Master’s Name and Qualifications(Grade & number & Issuing Authority): | Pilot Name (if piloted): |
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| Gross Tonnage: | Net Tonnage: | IMO number: | Official Number: | Call Sign: |
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| Year Built: | Number of Crew O/B: | Number of Injury: | Number of death: | Name of Crew injured: |
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| Name of OOW / Engineer, if Master / C/E is not In-charge at the time of Incident: | OOW/Engineer’s Certificate of Competency, Number & name of issuing Authority: |
|  |  |
| Date of Casualty: | Local Time when incident Occurred: | Name(s) & Flag(s) of other vessels involved (if any): |
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| NAME OF PLACE OR SEA WHERE CASUALTY OCCURRED | LATITIUDE & LONGITUDE OF CASUALTY | STATE OF SEA, WEATHER & VISIBILITY AT TIME OF CASUALTY |
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| BRIEF ACCOUNT OF THE SEQUENCE OF EVENTS OF THE CASUALTY: |
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| BRIEF ACCOUNT OF ANY ASSISTANCE GIVEN TO THE SHIP AND/OR RESCUE SERVICE PROVIDED: |
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| Did Pollution occured? | Amount leaked into sea: | Types of Pollutant: |
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| Brief account of actions taken onboard to prevent the pollution: |
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|  Brief account of damage to the ship: | Will ship be repaired /salvaged /scrapped /remained as wreck: |
|  |  |
| Probable cause of Casualty: |
|  |
| Date:  |

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| Signature of Master: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |