#  barbados maritime ship registry

ACCIDENT REPORT FORM

The Shipping Act 1994, as amended, requires that marine accidents (including serious injuries) and marine incidents (often referred to as ‘near misses’) be reported to the Ships’ Registry.

Initial notification

To report an accident or incident you should call the 24-hr emergency telephone contact number shown on our website at www.barbadosmaritime.org. You may also download this Accident Report Form, which should be completed and forwarded to the Principal Registrar.

*Note:* those directly involved with the operation of a vessel (master, owners or managers) or authorities ashore (harbour authorities, coastguard agencies etc.) are obliged to notify BMSR of any accident or incident

involving a Barbados flagged vessel.

Completing the Report Form

Please try to answer as many questions as possible, to reduce the need for us to contact you for further information or clarification. If information is not known, simply enter ‘unknown’ and if a question does not apply, enter ‘n/a’.

If you are reporting more than one accident or incident, please submit a separate form for each.

**BMSR aims to help prevent further avoidable accidents, not apportion blame or liability**

|  |
| --- |
| Contact Details |
| Person completing the form Enter date here:  |
| Name: |
| Email address: Phone number: |
| Address |
| Job role: |
| Company Details |
| Company Name: Type of Company:  |
| Primary contact: |
| Email address: Phone number: |
| Address: |
|  |
|  |

#  *Barbados Maritime Ship Registry*

 *Barbados High Commission, 1 Great Russell Street, London WC1B 3ND*

##

|  |
| --- |
| Vessel Details |
| Name of vessel: Enter here:  |
| Type of vessel: Contact number for vessel:  |
| IMO number: MMSI number: |
| Official number: Call sign: |
| Flag state: |
| Number of people on board at the time of the event |
| Crew: Passengers: Others: (*see Note 1)*  |
| *Note 1: Others includes non-crew(eg, pilots, shore worker) working on board vessel, people who have paid to be actively involved in* *Crewing a vessel)* |
| Did the event involve a vessel’s boat? (Do not include SAR involvement) Yes/No (*delete as applicable)* |
| Length overall (m): Registered length (m):  |
| Gross tonnage: Year of build |
| Hull material: Propulsion type: |
| Accident/Incident Details |
| Incident type: Date: Local Time: Time Zone: |
| Sea State: Wind force: |
| Natural light: Weather conditions: |
| Visibility: Search & Rescue involved? Yes/No |
| Latitude (direction) Latitude ◦  |
| Longitude (direction) Longitude ◦ |
| Voyage Data |
| Voyage segment Vessel routeing: |
| Under pilotage or PEC direction:  |
| Port of departure: Port of destination: |
| Vessel operation(s) at the time of the incident: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| Description of Incident |
| *Description of the sequence of events leading to and including the incident:* |
|  |

## Please state why you think the incident occurred



|  |
| --- |
|  |

Give details of any action recommended by you or anyone else to prevent similar occurrences in the future

Recommended action:

|  |
| --- |
|   |

Who issued the recommendation?

|  |
| --- |
|  |

Who was it addressed to?

|  |
| --- |
|  |

|  |
| --- |
| Consequences |
| Tick alongside if either of the following were necessary to prevent a further accident: |
| Shore assistance: Towage: |
| Did the vessel sink? Yes/No (*delete as applicable)* Was the vessel unfit to proceed? Yes/No (*delete as applicable)* |
| Was the cargo damaged?  |
| Pollution from cargo |
| Pollution from bunkers |
| Provide below details of the damage to the vessel:**External damage to structures and environment: *(exclude damage to other vessels involved in the incident)*****Third party damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Air pollution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Provide below details of external damage:Were other vessels involved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provide details of the vessels involved (please number accordingly) |
| Injuries & Fatalities |
| Number of people with minor injuries (up to 72 hours incapacitated/off work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of people with serious injuries (over 72 hours incapacitated/off work): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of missing persons \_\_\_\_\_\_\_\_\_\_\_\_ Number of lives lost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| For each casualty please give the following details |
| **Person 1** |
| Person type Age Gender Nationality (by country) |
| Where on vessel did the injury happen: Was this an enclosed space?  |
| Type of injury: Part of the body injured: |
|  |
| **Person 2** |
| Person type Age Gender Nationality (by country) |
| Where on vessel did the injury happen: Was this an enclosed space?  |
| Type of injury: Part of the body injured: |
|  |
| **Person 3** |
| Person type Age Gender Nationality (by country) |
| Where on vessel did the injury happen: Was this an enclosed space?  |
| Type of injury: Part of the body injured: |
|  |
| For additional casualties please answer the same questions within the text box below: |
|  |
| Additional information |
| Additional data or information considered relevant (ship, cargo or other damage), enter below: |