



For Official Use:  
Ref:

## Accident Report Form

The Merchant Shipping (Accident Reporting and Investigation) Regulations 2012 require Masters, Skippers and Owners of vessels to report accidents. In addition, this duty to report accidents to the MAIB extends to harbour authorities, inland waterway authorities, and the Maritime and Coastguard Agency.

The terms are explained in the above Regulations which is available at:

[www.maib.gov.uk/resources/regulations.cfm](http://www.maib.gov.uk/resources/regulations.cfm)

The law requires that accidents (including serious injuries) and hazardous incidents be reported by the quickest means possible. The MAIB has a dedicated reporting line for this purpose: **+44 (0)23 8023 2527**. This line is staffed 24 hours a day.

Having reported the accident by telephone, a completed accident report form should be e-mailed ([maib@dft.gsi.gov.uk](mailto:maib@dft.gsi.gov.uk)) or faxed (+44 (0)23 8023 2459) to the MAIB as soon as possible.

One form should be completed for each accident. Completing and returning 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 as fully as possible ensuring that all items \* are completed as far as practicable and refer to the attached "Guidance Note" where applicable.

Marine Accident Investigation Branch  
Mountbatten House  
Grosvenor Square  
Southampton SO15 2JU  
United Kingdom

**24hr Reporting Line +44 (0)23 8023 2527**  
General Enquiries: +44 (0)23 8039 5500  
Fax: +44 (0)23 8023 2459

## Section A

Date of accident (dd/mm/yyyy):*		Time of accident:*	
		UTC	
		Local time	
Name of vessel:*			
Port of registry:*		Flag of vessel:*	
Type of vessel (e.g. tanker/bulk carrier/cruise/ferry/fishing vessel etc):*			
Type of accident:*			
Location of accident (e.g. name of port, berth, or other geographic reference including lat/long):*			
In which Traffic Separation Scheme did the accident take place? (if applicable)*			
Did the accident occur within the operational limits of a port?			
Natural light:	Visibility:	Sea state:	Wind force:      Wind direction:
<p>Consequences of accident (tick as many boxes as apply):</p> <p> <input type="checkbox"/> Fatal injury                      <input type="checkbox"/> Non-fatal injury  <input type="checkbox"/> Vessel damaged                      <input type="checkbox"/> Vessel lost or abandoned                      <input type="checkbox"/> No injury or damage  <input type="checkbox"/> Pollution – if ticked please state quantity:*                      Pollution type: * </p>			

## Section B: Vessel Details

### Name & address of manager or owner:\*

Name:	
Address:	
Tel:	
Email:	

IMO number (if applicable):*		Call sign:	
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Fishing vessel port letters and numbers (if applicable):*		RSS/SSR number:*	
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Length of vessel (in metres):		Gross tonnage:	
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LOA or registered length:		Year of build (if known):	
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Type of fishing vessel (if applicable):		Hull material:	
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Classification society (if applicable):		Certification class (if applicable):	
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Hours vessel was not under command (if applicable):	Please specify if, following the accident, either of the following were needed for the safety of your vessel:		
	Towage		
	Shore assistance		

Number of crew on board:		If applicable, number of passengers on board:	
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Departure from last port*	Date (dd/mm/yyyy):	Voyage *	From:	
	Time:		To:	
	UTC or local time?			

### Voyage Data Recorders - if fitted please detail:\*

Manufacturer:	
Model:	
Has the VDR recording of this accident been saved?*	

If applicable, extent of damage sustained to your vessel, including your vessel's cargo.* (Please enclose photographs where possible)	
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If applicable, name of ship(s) & port of registry or flag of any other vessel(s) involved:*	
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## Section C: Details of person(s) killed, missing or injured

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

How many persons suffered injuries preventing performance of normal full range of duties for more than 72 hours (3 days) after the day of the accident?*		How many persons killed or missing?*	
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### Person 1

Position (e.g. rank, rating, passenger, shore worker, contractor):		Gender:		Age:	
		Nationality:			
What was injured? (e.g. left leg, finger):		Kind of injury (or enter "fatal" or "missing" if appropriate):			
Place on <u>vessel</u> where injury sustained:		Did injury mean more than 72 hours off work or greater than 24 hrs in hospital?			
On / off duty?					

### Person 2

Position (e.g. rank, rating, passenger):		Gender:		Age:	
		Nationality:			
What was injured? (e.g. left leg, finger):		Kind of injury (or enter "fatal" or "missing" if appropriate):			
Place on <u>vessel</u> where injury sustained:		Did injury mean more than 72 hours off work or greater than 24 hrs in hospital?			
On / off duty?					

*If more than 2 persons suffered reportable injuries please continue in free text area:*

**Section D: Please give a brief description of the sequence of events leading to the accident**

**Section E**

E.1. Please state why you think the accident happened:

E.2. Has any action been recommended by you or anyone else as a result of this accident and if so, what and by whom?

E.3. Has any action been taken and if so what, by whom and when?

## Section F

### Person completing form:\*

Name:		Date (dd/mm/yyyy):	
Position:			
Tel:			
Email:			
All information is true and complete to the best of my knowledge (please tick box): <input type="checkbox"/>			

### To be completed by ship's safety officer (if applicable):

Name:		Date (dd/mm/yyyy):	
Tel:			
Email:			
All information is true and complete to the best of my knowledge (please tick box): <input type="checkbox"/>			

### Designated person (if applicable):

Name:		Address:	
Tel:			
Email:			

## Section G - for completion by Safety Representative (if applicable)

If the accident involved a reportable personal accident and there is an elected Safety Representative on board the vessel, they must be shown the completed report and allowed to write in this section any comments which they 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 declare all information is true and complete to the best of their knowledge):

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Name (Safety Representative):		Date (dd/mm/yyyy):	
All information is true and complete to the best of my knowledge (please tick box) <input type="checkbox"/>			

## Guidance Note

Please use the terms in the shaded areas when completing Section A of the Accident Report Form

**Wind ►**

Beaufort Scale			
0	Calm	knot (0-1)	m/s (0-1)
1	Light air	knot (1-3)	m/s (1-2)
2	Light breeze	knot (4-6)	m/s (2-3)
3	Gentle breeze	knot (7-10)	m/s (4-5)
4	Moderate breeze	knot (11-16)	m/s (6-8)
5	Fresh breeze	knot (17-21)	m/s (9-11)
6	Strong breeze	knot (22-27)	m/s (11-14)
7	Near gale	knot (28-33)	m/s (14-17)
8	Gale	knot (34-40)	m/s (17-21)
9	Strong gale	knot (41-47)	m/s (21-24)
10	Storm	knot (48-55)	m/s (25-28)
11	Violent storm	knot (56-63)	m/s (29-32)
12	Hurricane	knot (+64)	m/s (+33)
Unknown			

**Sea state ►**

0	Calm glassy	(0m)
1	Calm rippled	(0 - 0.1m)
2	Smooth	(0.1 - 0.5m)
3	Slight	(0.5 - 1.25m)
4	Moderate	(1.25 - 2.5m)
5	Rough	(2.5m - 4m)
6	Very rough	(4.0 - 6.0m)
7	High	(6.0 - 9.0m)
8	Very high	(9.0 - 14.0m)
9	Phenomenal	(+14m)
Unknown		

**Visibility ►**

Very poor	Vis < 0.5nm
Poor	0.5 <= Vis <= 2.0nm
Moderate	2.0 <= Vis <= 5.0nm
Good	5.0 <= Vis <= 25.0nm
Very good	Vis >= 25.0nm
Unknown	

**Light ►**

Daylight
Twilight
Night
Unknown