Pdf instructions | Reset

TRAFICOM
Finnish Transport and Communications Agency

Report on accident or incident during ship operations

Type of the report

☐ Marine casualty report, **don't forget to fill in the type of casualty and factors contributing to the occurrence**

☐ Marine incident report

Report number

Fields marked with an asterisk (*) are required
When clicking on fields with red frames you will get additional instructions

Occurrence details	Occurrence date * / Occurrence time (tt:mm) LT / Time zone (UTC) + h
Ship's particulars	Name of ship * / Office location
	IMO number / Traficom ID / Call sign / Nationality
	Port of registry / Year of build
	Tonnages Gross t / Net t / Dwt (Summer) t
	Dimensions L.O.A m / Extreme breadth m / Draught aft m / Power kW
	Type of ship: < Select a value >
	Propulsion type * *Propulsion type means the classification of a ship according to energy used by propulsion system to propel the ship through the water*: < Select a value >
	Type of fuel: < Select a value > / Fuel oil
	Type of propeller: < Select a value > / The material the ship's hull is made of: < Select a value >
	Ice class: < Select a value > / Classification society: < Select a value >
Type of casualty	Type of casualty: < Select a value >
	Other
	Factors contributing to the occurrence: < Select a value >
	Deficiences related to the type of occurrence: < Select a value >
General casualty	Description of occurrence *

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General casualty

Other ships involved in the occurrence

Estimate of the cause

Immediate corrective actions

Suggestions for future preventive actions

To the first page

General casualty

Location of occurrence in the ship

< Select a value >

Injuries

☐ Lives lost Crew Number ☐ Lives lost Passenger Number

☐ People injured Crew Number ☐ People injured Passenger Number

Location of occurrence

Position * Latitudi ° , ☐ N ☐ S ° , ☐ W ☐ E

Port of departure Port of arrival

Ship operation

< Select a value >

Ship' s routering

< Select a value >

Commercial voyage

Commercial voyage *

☐ Yes ☐ No

Cargo/loading condition

Type of cargo on board

Draught aft (m) Draught forward (m)

Dangerous goods were carried

☐ Yes ☐ No

Cargo damage

☐ Yes ☐ No

Environmental pollution

Cargo ☐ Yes ☐ No Pollution quantity, cargo t

Bunker ☐ Yes ☐ No Pollution quantity, bunkers t

Air pollution ☐ Yes ☐ No

External damage

Third party/other damage

☐ Kyllä ☐ Ei

Assistance

Was there a pilot on board ☐ Yes ☐ No

Towage or shore assistance ☐ Yes ☐ No

Ship fit to proceed ☐ Yes ☐ No

SAR intervention ☐ Yes ☐ No ☐ Unknown

Crew / passengers

Certificate of Safe Manningof Safe Manning hitys | Number of crew | Number of passengers

On watch/in charge (to be filled in only in case of marine casualty)

	Name	Age	COC	Working hours (last) 24h 48h 1week
Master				
Officer on watch				
Engineer on watch				
Other crew members on watch				

Weather

Wind direction (°) Wind force

< Select a value >

Sea state - direction (°) Sea state - height

< Select a value >

Light conditions

< Select a value >

Ice conditions

< Select a value >

Icing

☐ Yes ☐ No

Visibility

< Select a value >

General weather condition

< Select a value >

Temperature (°c)

Reporter's personal details

Notification entity

< Select a value >

Contact information

Name Title

Email Telephone

Street address Postal code City

Name of the ship owner

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