



# Report on Marine Casualty/Incident

v1.6

Luxembourg Law from 30 April 2008 creating the 'Administration of Technical Investigations' defines the occurrences where a technical investigation has to be carried out in the Maritime Sector by the National Safety Investigation Authority. The detailed provisions of this law are available at:

<http://www.legilux.public.lu/leg/a/archives/2008/0065/a065.pdf#page=2>

The afore mentioned law requires in Article 10 that all events falling under the provisions of Article 2 have to be reported **without delay** to the Administration. To comply with this requirement, the Administration strongly encourages the owners/operators of Luxembourg registered ships to use the present form to report any Marine Casualty/Incident as soon as possible to the following Email Address:

[info@aet.etat.lu](mailto:info@aet.etat.lu)

This report form should be filled in electronically in order to facilitate data handling and to simplify the subsequent population of Marine Incident Databases. All information provided in the report will be treated with appropriate care according to prevailing National Law, EU Directives and IMO Convention.

## SECTION 0: Casualty Data - General

Nature of Occurrence:

Date casualty: (dd/mm/yyyy)

Time casualty: (hh:mm)

UTC:

Local:

Position:

Lat.: (dd°mm'.mm)

Long.: (ddd°mm'.mm)

## SECTION 1: External Environment Data

Sea state: WMO Code

Weather conditions:

Visibility:

Wind force: Beaufort scale

Natural light:

## SECTION 2: Casualty Data - Occurrence

Casualty event:

Location of the occurrence:

National location:

Port of accident:

Third party damage:

Oil pollution response:

Air pollution:

Traffic density:

SAR intervention:

VDR used:

Manufacturer  
& Model (VDR):

	Crew	Passenger	Other	Total
Lives lost:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
People injured:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other ship(s) involved:

Other ship nr. 1:

Name of Ship:

Flag State:

Port of Registry:

Other ship nr. 2:

Name of Ship:

Flag State:

Port of Registry:

Occurrence description:

### SECTION 3: Casualty Data - Ship

Damage to the ship:	<input type="text"/>	Did the ship sink?	<input type="text"/>	Ship unfit to proceed:	<input type="text"/>
Towage or shore assistance:	<input type="text"/>	Traffic separation scheme:	<input type="text"/>		
Pollution:	Pollution (cargo):	<input type="text"/>	Pollution quantity (cargo):	<input type="text"/>	
	Pollution (bunkers):	<input type="text"/>	Pollution quantity (bunkers):	<input type="text"/>	
Description of the damage:					
<input type="text"/>					

### SECTION 4: Ship Particulars

#### Identification

Name of Ship:	<input type="text"/>						
IMO Number:	<input type="text"/>	MMSI Number:	<input type="text"/>	Call Sign:	<input type="text"/>	Registry Number:	<input type="text"/>

#### Registration

Flag State:	<input type="text"/>	Port of Registry:	<input type="text"/>
Ship/craft type:	<input type="text"/>	Classification Society:	<input type="text"/>
Polar Class: (IACS Unified Requirements)	<input type="text"/>	Class. Society (ISM):	<input type="text"/>

#### Gross Tonnage

Gross Tonnage:	<input type="text"/>	Displacement:	<input type="text"/>	Deadweight:	<input type="text"/>	TEU:	<input type="text"/>
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#### Structure

Year of build:	<input type="text"/>	Hull material:	<input type="text"/>
Building Yard:	<input type="text"/>	Hull construction:	<input type="text"/>
		Number of hulls:	<input type="text"/>

#### Measurements

Length overall: (m)	<input type="text"/>	Reg. length: (m)	<input type="text"/>	Max. Draught: (m)	<input type="text"/>	Breadth: (m)	<input type="text"/>
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#### Propulsion

Service speed:	<input type="text"/>	Nr. of propellers or jets:	<input type="text"/>
Propulsion type:	<input type="text"/>	Nr. of main engines:	<input type="text"/>

## SECTION 5: Voyage Particulars

Port of departure:	<input type="text"/>	Voyage type:	<input type="text"/>
Port of destination:	<input type="text"/>	Voyage segment:	<input type="text"/>
Departure from last port: (= Port of departure)	Date: (dd/mm/yyyy) <input type="text"/> Time: (hh:mm) <input type="text"/> <input type="text"/>	Nr. of crew (voyage):	<input type="text"/>
		Nr. of passengers (voyage):	<input type="text"/>
		Nr. of other persons (voyage):	<input type="text"/>

## SECTION 6: Casualty Data - Occupational accident

Occupational accident type:	<input type="text"/>	Number of persons:	<input type="text"/>
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### Person 1

Type:	<input type="text"/>	Rank (if crew member):	<input type="text"/>
Gender:	<input type="text"/>	Nationality:	<input type="text"/>
Age:	<input type="text"/>	Part of body injured:	<input type="text"/>
Person on duty:	<input type="text"/>	Type of injury:	<input type="text"/>
Condition:	<input type="text"/>	Place on board:	<input type="text"/>

  

### Person 2

Type:	<input type="text"/>	Rank (if crew member):	<input type="text"/>
Gender:	<input type="text"/>	Nationality:	<input type="text"/>
Age:	<input type="text"/>	Part of body injured:	<input type="text"/>
Person on duty:	<input type="text"/>	Type of injury:	<input type="text"/>
Condition:	<input type="text"/>	Place on board:	<input type="text"/>

  

### Person 3

Type:	<input type="text"/>	Rank (if crew member):	<input type="text"/>
Gender:	<input type="text"/>	Nationality:	<input type="text"/>
Age:	<input type="text"/>	Part of body injured:	<input type="text"/>
Person on duty:	<input type="text"/>	Type of injury:	<input type="text"/>
Condition:	<input type="text"/>	Place on board:	<input type="text"/>

## SECTION 7: Contact Details

*Manager/Owner of the ship:*

<input type="text"/>	First name:	<input type="text"/>	Last name:	<input type="text"/>
Position:	<input type="text"/>	Company/organisation:	<input type="text"/>	
Phone:	<input type="text"/>	Address:	<input type="text"/>	
Fax Nr:	<input type="text"/>	Email:	<input type="text"/>	

*Person completing the report form:*

<input type="text"/>	First name:	<input type="text"/>	Last name:	<input type="text"/>
Position:	<input type="text"/>	Company/organisation:	<input type="text"/>	
Phone:	<input type="text"/>	Address:	<input type="text"/>	
Fax Nr:	<input type="text"/>	Email:	<input type="text"/>	

*Ship's safety officer:*

<input type="text"/>	First name:	<input type="text"/>	Last name:	<input type="text"/>
Position:	<input type="text"/>	Company/organisation:	<input type="text"/>	
Phone:	<input type="text"/>	Address:	<input type="text"/>	
Fax Nr:	<input type="text"/>	Email:	<input type="text"/>	

## SECTION 8: Additional information

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