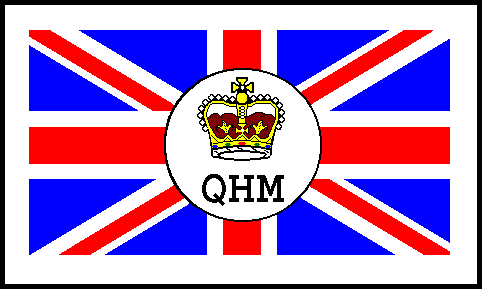
**Solent Incident and Accident Reporting Form**

http://www.langstoneharbour.org.uk/logo.jpg

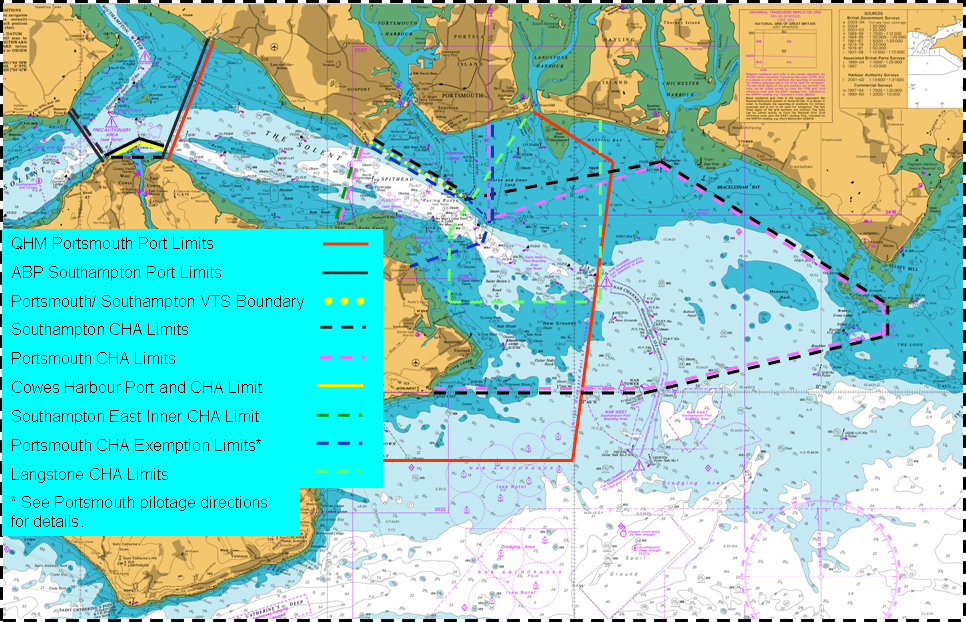
**What the form is for** - This common reporting form is to be used for maritime incidents that occur in or close to the waters of: ABP Southampton, The Queen’s Harbour Master Portsmouth, Portsmouth International Port, Cowes Harbour Commissioners and Langstone Harbour as shown in the chartlet below.

**How to complete the form** - The form can be used to report all types of incident or accident, near miss or potential risk. Sections 1-3 and 11 must be completed followed by the relevant section for the type of incident.

If you are reporting a leisure or recreational incident the shorter reporting format at section 12 can be used. In this case there is no need to fill in sections 1-3 or 11.

**Once the Form is Completed** - Please forward it to the Harbour Master in whose area the incident occurred.

**Provenance** - This form replaces all existing report forms in use by the port authorities mentioned above.



Index

Section Heading

1-3 General Information

4 Close Quarters Situation

5 Grounding

6 Striking/Impact

7 Loss of Anchor and Cable

8 Pollution

9 Accident Report

10 Potential Risk Report

11 Free Text Narrative

12 Leisure/Recreational

Incident Short Report

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 1 – Type of Incident – Please circle | | | | | | | | | | |
| Collision |  | Grounding |  | Striking | |  | Loss of Anchor |  | Pollution |  |
| Accident/Near Miss/Potential Risk | | | |  | Other (Specify): | | | | | |
| Use most relevant section and then the free text at section 11. | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 2 - Personal Details: |  | | |
| Name/ Pilot / PEC number |  | | |
| Address |  | | |
| Phone Number |  | | |
| Email Address |  | | |
| Witness details *(if applicable)* |  | | |
|  |  | | |
|  |  | | |
| Section 3 - General Details: |  | | |
| Ships Name |  | | |
| Date of incident *(dd/mm/yyyy)* |  | | |
| Time of incident *(24 hr clock)* |  | | |
| Position of incident *(or)* | Lat: | | Long: |
| Position of incident | Range: | Brg: | From: |
| Direction and rate of tidal stream |  | | |
| Wind speed/direction *(Beaufort)* |  | | |
| Sea State *(Beaufort)* |  | | |
| Visibility *(In miles)* |  | | |
| GRT/NRT |  | | |
| Length/Beam/Draught *(Metres)* |  | | |
| Owners name/Address |  | | |
| Agent name and telephone No |  | | |
| Destination port |  | | |
| Source of position information |  | | |
| Datum selected in GPS |  | | |
| Chart Positions Retained | Yes  No | | |
| Actions taken after incident *(own)* |  | | |
| Actions taken after incident *(other)* |  | | |
| Written statement from master | Yes  No | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please sign and date this section and complete the appropriate section as applicable and section 11: | |  |  | |
| Name: | Date: | | | Signature: |
| Office Use only: |  | | | |
| Name: | Date: | | | Signature: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 4 – Close Quarters Situation: | | | | |
| Name of other vessel/object | |  | | |
| Ship’s heading at time of incident | |  | | |
| Type of lookout maintained | |  | | |
| Speed/Engine Setting | |  | | |
| Bridge control | | Yes  No | | |
| Bow/Stern thrusters in use | | Yes  No | | |
| Steering mode *(Auto/manual/NFU)* | |  | | |
| Compass in use *(Mag/Gyro etc…)* | |  | | |
| Time/range other vessel was first seen | |  | | |
| Estimated course/speed of other vessel | |  | | |
| True course steered at incident | |  | | |
| Length of time on this course | |  | | |
| Lights/signals displayed *(both vessels)* | |  | | |
| Sound signals *(both vessels)* | |  | | |
| Use of VHF *(channel and content)* | |  | | |
| Use of engines | |  | | |
| Course alterations *(own ship)* | |  | | |
| Course alterations *(other ship)* | |  | | |
| Other authorities contacted | | Time:  Time: |  | |
| List relevant machinery/equipment defects | |  | | |
| Describe any unusual handling characteristics | |  | | |
| Please sign and date this Section **and continue to section 11:** | | | | |
| Name: | Date: | | | Signature: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 5 - Grounding: | |  | | | | | |
| Main propulsion | |  | | | | | |
| Propeller(s) | | Type: | How many: | | | | Rotation: |
| Rudders | | Type/Number: | | | | | |
| Ship’s heading at time of incident | |  | | | | | |
| Echo sounder in use | | Yes  No | | Trace Retained: Yes No | | | |
| Speed/Engine(s) setting | |  | | | | | |
| Bridge control | | Yes  No | | | | | |
| Bow/Stern thrusters in use | | Yes  No | | | | | |
| Steering mode *(Auto/manual)* | |  | | | | | |
| Compass in use *(Mag/Gyro etc…)* | |  | | | | | |
| True course steered at incident | |  | | | | | |
| Length of time on this course | |  | | | | | |
| Previous true course steered | |  | | | | | |
| Length of time on this course | |  | | | | | |
| Use of engines | |  | | | | | |
| Engine movements before grounding | |  | | | | | |
| Cargo carried | |  | | | | | |
| Dangerous substance carried | |  | | | | | |
| Bunkers remaining | |  | | | | | |
| Leakage of fuel/oil | |  | | | | | |
| How was vessel refloated | |  | | | | | |
| How long was vessel aground | |  | | | | | |
| Relevant machinery/equipment defects | |  | | | | | |
| Any unusual handling characteristics? | |  | | | | | |
| Tugs in use | | Names: | | | |  | |
|  | | Positions & Orientation: | | | |  | |
| Other authorities contacted | | Time: | | | |  | |
| Please sign and date this Section **and continue to section 11:** | | | | | | | |
| Name: | Date: | | | | Signature: | | |

Section 6 – Striking/Impact/Collision:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Object struck | |  | | | | |
| Ship’s heading at time of incident | |  | | | | |
| Length of time on this course | |  | | | | |
| Previous true course steered | |  | | | | |
| Own speed at time of incident | |  | | | | |
| Estimated course/speed of other vessel | |  | | | | |
| Previous course/speed of other vessel | |  | | | | |
| Own main engine propulsion | |  | | | | |
| Propeller(s) | | Type: | | How many: | | Rotation: |
| Rudders | | Type/Number: | | | | |
| Own engine(s) setting | |  | | | | |
| Engine movements prior to collision | |  | | | | |
| Bridge control | | Yes  No | | | | |
| Bow/Stern thrusters in use | | Yes  No | | | | |
| Steering mode *(Auto/manual)* | |  | | | | |
| Compass in use *(Mag/Gyro etc…)* | |  | | | | |
| Tugs in use | | Names |  | | | |
|  | | Positions & Orientation | | |  | |
| Other authorities contacted | | Time |  | | | |
|  | | Time |  | | | |
| Visual signals made *(own ship)* | |  | | | | |
| Sound signals *(own ship)* | |  | | | | |
| Was tug being watched | |  | | | | |
| Use of VHF *(channel and content)* | | (Provide recording or transcripts) | | | | |
| Cargo/Dangerous substance carried | |  | | | | |
| Pollution | | (Please also complete Section 8) | | | | |
| List relevant machinery/equipment defects/ handling characteristics | |  | | | | |
| Please sign and date this Section **and continue to section 11:** | | | | | | |
| Name: | Date: | | | | Signature: | |

Section 7 – Loss of Anchor and Cable:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Position of lost anchor/cable | |  | | | | | |
| Ship’s heading at time of incident | |  | | | | | |
| At anchor or underway | |  | | | | | |
| Speed at time of incident | |  | | | | | |
| Main engine propulsion | |  | | | | | |
| Propeller(s) | | Type: | How many: | | | | Rotation: |
| Rudders | | Type: | | | | How many: | |
| Bow/stern thrusters fitted | |  | | | | | |
| Engine(s) setting | |  | | | | | |
| Bridge control | |  | | | | | |
| State which anchor involved | |  | | | | | |
| Amount/Size of cable lost | |  | | | | | |
| Slipped or parted *(state)* | |  | | | | | |
| If slipped why | |  | | | | | |
| If anchoring, how much cable was on deck prior to letting go | |  | | | | | |
| Other authorities contacted | | Time: | |  | | | |
|  | | Time: | |  | | | |
| List relevant machinery/equipment defects | |  | | | | | |
| Please sign and date this Section **and continue to section 11:** | | | | | | | |
| Name: | Date: | | | | Signature: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 8 – Pollution: | | | | |
| Type of pollution | |  | | |
| Cause of pollution | |  | | |
| Estimate of amount of pollutant spilled | |  | | |
| Geographic extent of pollution | |  | | |
| Fuel Grade | |  | | |
| Immediate actions taken | |  | | |
| Other authorities contacted | | Time: |  | |
|  | | Time: |  | |
| Type of response equipment used | |  | | |
| Extent of any damage to vessel | |  | | |
| Please sign and date this Section **and continue to section 11:** | | | | |
| Name: | Date: | | | Signature: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Section 9 - Accident Report Form | | |  | | |
| Person Reporting the Accident: | |  |  | | |
| Title/Rank: | | Name: |  | | |
| Address: | |  | | | |
|  | |  | | | |
| Occupation: | |  | | | |
| The Person having the accident: | |  |  | | |
| Title/Rank | | Name: |  | | |
| Address: | |  | | | |
|  | |  | | | |
| Occupation: | |  | | | |
| About the accident: | |  | |  | |
| Where did it happen? What time did it happen? How did it happen? | | | | | |
| Details of any injuries: | |  | |  | |
|  | | | | | |
| Please sign and date the form: | |  | |  | |
| Name: | Date: | | | | Signature: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 10 - Potential Risk Report | | | | | | |
| Mr/Mrs/Rank: | | Name: |  | | | |
| Address: | |  | | | | |
|  | |  | | | | |
| Email address: | |  | | | | |
| Telephone Number: | |  | | | | |
| Details of risk: | |  | | | | |
| Date/Time: | |  | | | | |
| Location: | |  | | | | |
| Weather/Tide: | |  | | | | |
| Description of risk: | |  | |  | | |
|  | | | | | | |
| Please sign and date the form: | |  | |  | | |
| Name: | Date: | | | | | Signature: |
| Office Use only: |  | | | | | |
| Name: | Date: | | | | Signature: | |

Section 11 Free Text Report:

|  |
| --- |
| Describe in your own words how the incident developed. Please use any charts, drawings, sketches photographs of other evidence that may assist in recreating the event and use additional blank sheets if required. The description should include:  -A factual narrative of events including cause (and timings if possible).  -Any material damage sustained.  -Any pollution.  -Any actions you have taken or recommendations you or others might have.  -Details of any injuries sustained. |
|  |

If there is insufficient space above to complete your description, please use additional sheets and fasten them securely to this form. Please indicate here the number of continuation sheets you have used:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please sign and date this Section: | |  |  | |
| Name: | Date: | | | Signature: |

Office Use Only:

|  |  |  |
| --- | --- | --- |
| Name: | Date: | Signature: |