

Preliminary Casualty Report

F-31
(DIAM)
V. 03



Phone: (507)501-5039/87 email: casuality@amp.gob.pa	PANAMA MARITIME AUTHORITY DIRECTORATE GENERAL OF MERCHANT MARINE MARINE ACCIDENT INVESTIGATION DEPARTMENT	<u>THIS SPACE FOR OFFICIAL USE ONLY</u>
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REPORT OF VESSEL CASUALTY OR ACCIDENT

INSTRUCTIONS

1. An original of this form shall be submitted to the Maritime Administrator as soon as possible after the occurrence of the casualty.

2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."

3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.

4. Attach crew list to this form. Report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

I. PARTICULARS OF VESSEL

1. Name of Vessel	2. IMO Number	3. Year built	4. Gross Tonnage	5. Net Tonnage
6. Type of Vessel (See Note 1.)	7. Propulsion (See Note 2.)	8. Place Built		
9. Name of Owner		10. Name, Address and Telephone of Managing Agent		
11. (a) Name of Master or Person in Charge	(b) Citizenship	(c) Date of Birth	(d) License Grade and Date of Issue	

II. PARTICULARS OF CASUALTY

12. (a) Date of Casualty	(b) Time (Local or Zone)	(c) Zone Description	(d) Time of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight	
13. Geographical Location of Casualty and Name of Body of Water (See Note 3.)		14. Country of Casualty		
15. (a) Port of Departure	(b) Date of Departure	(c) Port to Which Bound		
16. (a) Nature of Cargo (Describe and give amounts in Long Tons)	(b) Amount Dry Cargo	(c) Amount Bulk Liquid	(d) Amount Deck Cargo	
17. Speed in Knots Prior to Casualty	18. True Course Prior to Casualty	19. Draft Forward	20. Draft Alt	
21. Atmospheric Conditions at Time of Casualty (Check one or more of the following) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other (Specify)				
22. Distance of visibility <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2-5 Miles <input type="checkbox"/> Over 5 Miles	23. Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane	24. Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <input type="checkbox"/> High	25. Wind Direction	
			26. Direction of Sea	
			27. Direction of Swell	
28. Navigation Equipment (Check one or more of the following) <input type="checkbox"/> Radar (<input type="checkbox"/> S Band, or <input type="checkbox"/> X Band) <input type="checkbox"/> ARPA <input type="checkbox"/> Inoperative <input type="checkbox"/> Inoperative <input type="checkbox"/> Used <input type="checkbox"/> Used		29. Communications Equipment (check one or more of the following) <input type="checkbox"/> Radiotelephone <input type="checkbox"/> CW (Key) <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> in use with Other Vessels <input type="checkbox"/> In use with Shore Station <input type="checkbox"/> In use with Shore Stations <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used		
30. Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Rules of the Road Applicable at Time <input type="checkbox"/> International <input type="checkbox"/> Other (specify)		

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.
 Note 2. Propulsion - Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.
 Note 3. Location - If at open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

Preliminary Casualty Report

32. Nature of the Casualty (Check one or more of the following. Give pertinent details in item 33.)						
	COLLISION WITH OTHER VESSEL(S) (Give Name and Flag of Other		EXPLOSION/FIRE (Other)			
			GROUNDING			
			FOUNDER (Sinking)			
	COLLISION WITH FLOATING OR SUBMERGED OBJECTS		CAPSIZING WITHOUT SINKING			
	COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)		FLOODINGS, SWAMPING, ETC., WITHOUT			
	COLLISION WITH ICE		HEAVY WEATHER DAMAGE			
	COLLISION WITH AIDS TO NAVIGATION		CARGO DAMAGE (No Vessel Damage)			
	COLLISION (Other)		MATERIAL FAILURE (Vessel Structure)			
	EXPLOSION/FIRE (Involving cargo)		MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)			
	EXPLOSION/FIRE (Involving vessel's fuel)					
	FIRE (Vessel's structure or equipment)		EQUIPMENT FAILURE			
	EXPLOSION (Boiler and associated parts)		CASUALTY NOT NAMED ABOVE			
	EXPLOSION (Pressure vessels and compressed gas cylinders)					
33. Personnel		Crew	Passengers	Other	Totals	34. Property Losses
(a) Number on Board						(a) Estimated loss/damage to vessel
(b) Number known						(b) Estimated loss/damage to cargo
(c) Number Missing						(c) Estimated loss/damage to other property
(d) Number Injured						35. Is Vessel a Total Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
36. DESCRIPTION OF CASUALTY IF NOT DEATH						
37. Deck Officer on Duty at Time of Casualty				38. Engineer on Duty at Time of Casualty		
Name				Name		
Rank		License No.		Rank		License No.

Preliminary Casualty Report

III. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)

39. (a) Name of Person	(b) Home Address	(c) Date of Birth
		(d) Citizenship
40. Seaman's Book or Passport No	41. Status or Rank on Vessel	
42. Activity Engaged in at Time of Casualty	43. If Crew Member or Shore Worker <input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other	
44. (a) Name of Immediate Supervisor at Time of Casualty	(b) Supervisor's rank or Status on Vessel	
45. DESCRIPTION OF CASUALTY (Give events leading up to casualty and how it occurred. Attach diagram and additional sheets, if necessary.)		
46. WITNESSES TO ACCIDENT (At least two, if possible)		
Name	Name	
Address	Address	
Name	Name	
Address	Address	
47. (a) MEDICO (Medical) MESSAGE SENT	(b) IF YES, GIVE DATE OF FIRST MESSAGE	(c) IF YES, GIVE TIME OF FIRST MESSAGE (Local or zone and description)
48. (a) TREATMENT ADMINISTERED <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) IF YES, BY WHOM <input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Other (Specify)	
49. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D.)		
50. (a) Name of Hospital, If Person was Hospitalized	(b) Address of Hospital	

IV. ASSISTANCE AND RECOMMENDATIONS

51. Recommendations for Corrective Safety Measures Pertinent to this Casualty

52. Date of Report	53. Submitted by (Print Name)	54. Signature	55. Title

Occupational Accident (Crewmember or Stevedore)

V. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)			
1. Name	2. Nationality	3. Grade & No. of Certificate	4. Issuing Country
5. Date signed on	6. Command Experience	7. Experience in other Ranks	
8. Experience on other types of Vessels	9. Time onboard	10. Experience on Similar Vessels	11. Time onboard
12. No of Duty Hours on the day of Incident	13. No of Duty Hours on the Previous day	14. No. of Sleep Hours in last 96 hrs	15. Factors affected Sleep (if Applicable)
16. Smoker / Quantity	17. Last 24 hrs Alcohol Consumption	18. Normal Alcohol Habit	19. Under Prescribed medication
Yes / No	Yes / No		Yes / No
Amount :	Amount:		Amount:
			Type :
20. Other relevant Information :			

VI. PARTICULARS OF MASTER			
1. Name	2. Nationality	3. Grade & No. of Certificate	4. Issuing Country
5. Date signed on	6. Command Experience	7. Experience in other Ranks	
8. Experience on other types of Vessels	9. Time onboard	10. Experience on Similar Vessels	11. Time onboard
12. No of Duty Hours on the day of Incident	13. No of Duty Hours on the Previous day	14. No. of Sleep Hours in last 96 hrs	15. Factors affected Sleep (if Applicable)
16. Smoker / Quantity	17. Last 24 hrs Alcohol Consumption	18. Normal Alcohol Habit	19. Under Prescribed medication
Yes / No	Yes / No		Yes / No
Amount :	Amount:		Amount:
			Type :
20. Other relevant Information :			

VII. PARTICULARS OF OFFICER ON DUTY AT TIME OF CASUALTY			
1. Name	2. Nationality	3. Grade & No. of Certificate	4. Issuing Country
5. Date signed on	6. Command Experience	7. Experience in other Ranks	
8. Experience on other types of Vessels	9. Time onboard	10. Experience on Similar Vessels	11. Time onboard
12. No of Duty Hours on the day of Incident	13. No of Duty Hours on the Previous day	14. No. of Sleep Hours in last 96 hrs	15. Factors affected Sleep (if Applicable)
16. Smoker / Quantity	17. Last 24 hrs Alcohol Consumption	18. Normal Alcohol Habit	19. Under Prescribed medication
Yes / No	Yes / No		Yes / No
Amount :	Amount:		Amount:
			Type :
20 Other relevant Information :			

VIII. PARTICULARS OF CHIEF ENGINEER			
1. Name	2. Nationality	3. Grade & No. of Certificate	4. Issuing Country
5. Date signed on	6. Command Experience	7. Experience in other Ranks	
8. Experience on other types of Vessels	9. Time onboard	10. Experience on Similar Vessels	11. Time onboard
12. No of Duty Hours on the day of Incident	13. No of Duty Hours on the Previous day	14. No. of Sleep Hours in last 96 hrs	15. Factors affected Sleep (if Applicable)
16. Smoker / Quantity	17. Last 24 hrs Alcohol Consumption	18. Normal Alcohol Habit	19. Under Prescribed medication
Yes / No	Yes / No		Yes / No
Amount :	Amount:		Amount:
			Type :
20. Other relevant Information :			

X. CREW PRESENT AT SCENE AT TIME OF ACCIDENT			
1. Name & Rank	2. Nationality	3. Grade & No. of Certificate	4. Issuing Country
5. Date signed on	6. Experience in present Rank	7. Experience in other Ranks	
8. Experience on other types of Vessels	9. Time onboard	10. Experience on Similar Vessels	11. Time onboard
12. No of Duty Hours on the day of Incident	13. No of Duty Hours on the Previous day	14. No. of Sleep Hours in last 96 hrs	15. Factors affected Sleep (if Applicable)
16. Smoker / Quantity	17. Last 24 hrs Alcohol Consumption	18. Normal Alcohol Habit	19. Under Prescribed medication
Yes / No	Yes / No		Yes / No
Amount :	Amount:		Amount:
			Type :
20. Other relevant Information :			

X. Recommendations for Corrective Safety Measures Pertinent to this Casualty			
Date of Report	Submitted by (Print Name)	Signature	Title

**Master or person in charge, or,
if neither is available,
by the owner or on duty authorized agent signature**

Stamp of the Vessel or Company