

Type of the report
 Type of the 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	Trafi ID	Call sign Nationality	
	Port of registry	Year of build		
	Tonnages	Net	Dwt (Summer)	
	Gross t	t	t	
	Dimensions	Extreme breadth	Draught aft	Power
	L.O.A m	m	m	kW
	Type of ship			
	Propulsion type *	<i>Propulsion type means the classification of a ship according to energy used by propulsion system to propel the ship through the water</i>		
	Type of fuel	Fuel oil		
Type of propeller	The material the ship's hull is made of			
Ice class	Classification society			
Type of casualty	Type of casualty			
	Other			
	Factors contributing to the occurrence			
	Deficiencies related to the type of occurrence			
General casualty	Description of occurrence *			

**General
casualty**

Other ships involved in the occurrence

Estimate of the cause

Immediate corrective actions

Suggestions for future preventive actions

General casualty	Location of occurrence in the ship			
	Injuries			
	<input type="checkbox"/> Lives lost Crew	Number	<input type="checkbox"/> Lives lost Passenger	Number
	<input type="checkbox"/> People injured Crew	Number	<input type="checkbox"/> People injured Passenger	Number
Location of occurrence	Position * Latitudi		Longitudi	
	° , <input type="checkbox"/> N <input type="checkbox"/> S		° , <input type="checkbox"/> W <input type="checkbox"/> E	
	Port of departure		Port of arrival	
	Ship operation			
Ship' s routing				
Commercial voyage	Commercial voyage * <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cargo/loading condition	Type of cargo on board			
	Draught aft (m)		Draught forward (m)	
	Dangerous goods were carried <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo damage <input type="checkbox"/> Yes <input type="checkbox"/> No	
Environmental pollution	Cargo Pollution quantity, cargo		Bunker Pollution quantity, bunkers	
	<input type="checkbox"/> Yes <input type="checkbox"/> No t		<input type="checkbox"/> Yes <input type="checkbox"/> No t	
	Air pollution <input type="checkbox"/> Yes <input type="checkbox"/> No			
External damage	Third party/other damage <input type="checkbox"/> Kyllä <input type="checkbox"/> Ei			
Assistance	Was there a pilot on board		Towage or shore assistance	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ship fit to proceed		SAR intervention	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Crew / passengers	Certificate of Safe Manning of Safe Manning hits		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	
	Sea state - direction (°)		Sea state - height	
	Light conditions		Ice conditions	
	Icing <input type="checkbox"/> Yes <input type="checkbox"/> No		Visibility	
	General weather condition		Temperature (°c)	
Reporter's personal details	Notification entity			
	Contact information			
	Name		Title	
	Email		Telephone	
	Street address		Postal code City	
Name of the ship owner				