



Report on Marine Casualty/Incident

v1.4

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

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 - GeneralNature of Occurrence: Date casualty: (dd/mm/yyyy) Position: Lat.: (dd°mm'.mm) Time casualty: (hh:mm) UTC: Local: 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: Third party damage: Location of the occurrence: Oil pollution response: National location: Air pollution: Port of accident: Traffic density:

	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"/>

SAR intervention: VDR used: Manufacturer & Model (VDR):

Other ship(s) involved:

Other ship nr. 1:

Other ship nr. 2:

Name of Ship: Name of Ship: Flag State: Flag State: Port of Registry: Port of Registry:

Occurrence description:

SECTION 3: Casualty Data - Ship

Damage to the ship: | Did the ship sink? | Ship unfit to proceed:

Towage or shore assistance: | Traffic separation scheme:

Pollution: Pollution (cargo): | Pollution quantity (cargo):

Pollution (bunkers): | Pollution quantity (bunkers):

Description of the damage:

SECTION 4: Ship Particulars

Identification

Name of Ship:

IMO Number: | MMSI Number: | Call Sign: | Registry Number:

Registration

Flag State: | Port of Registry:

Ship/craft type: | Classification Society:

Polar Class: (IACS Unified Requirements) | Class. Society (ISM):

Gross Tonnage

Gross Tonnage: | Displacement: | Deadweight: | TEU:

Structure

Year of build: | Hull material:

Building Yard: | Hull construction:

Number of hulls:

Measurements

Length overall: (m) | Reg. length: (m) | Max. Draught: (m) | Breadth: (m)

Propulsion

Service speed: | Nr. of propellers or jets:

Propulsion type: | Nr. of main engines:

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"/>	Nr. of crew (voyage):	<input type="text"/>
	Time: (hh:mm) <input type="text"/> <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"/>
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:

First name: Last name:

Position: Company/organisation:

Phone: Address:

Fax Nr: Email:

Person completing the report form:

First name: Last name:

Position: Company/organisation:

Phone: Address:

Fax Nr: Email:

Ship's safety officer:

First name: Last name:

Position: Company/organisation:

Phone: Address:

Fax Nr: Email:

SECTION 8: Additional information

Large empty rectangular box for additional information.