

INCIDENT INQUIRY VESSELS

INCIDENT INQUIRY NO:

Incident involving vessels – complete pages 2 and 3 for EACH VESSEL INVOLVED

Name (Vessel):

IMO No: or Certificate of Registry No:

Classification Society:

Type:

Colours:

Flag State:

Port of Registry:

Fishing No:

Passengers on Board: **Yes/No** L.O.A.:

Name of Master:

Address of Master:

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Telephone No: Fax No: e-mail:

Certificates Held by Master:

Type, No:

Issued By:

Issued On:

Name of Owner:

Address of Owner:

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Telephone No: Fax No:

E-mail:

Name of Agent:

Address of Agent:

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Telephone No: Fax No:

E-mail:

Name of Charterer:

Address of Charterer:

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Telephone No: Fax No:

E-mail:

Name of Manager:

Address of Manager:

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Telephone No: Fax No:

E-mail:

Name of P&I Club:

Address of P&I Club:

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Telephone No: Fax No:

E-mail:

Date of Incident:

Time:

Location:

(Enclose Diagram if required)

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Weather Conditions at Time:

Description of damage sustained to vessels, other structures, and objects and harbour property. *(Note: This information must be descriptive, factual and precise, with supporting plans, sketches, photographs and any other supporting documents).*

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Diagram supplied: **Yes/No**

NOTE: Please use continuation sheet if required.

Has any person sustained injury as a result of this incident? **Yes/No**

If yes, then also complete the Torbay Council Accident Notification form.

Has written notification been given to person(s) concerned, holding them responsible for damage to Harbour property? *(All letters to be sent by recorded delivery)* **Yes/No** *(If yes, attach copy)*

Estimated repair costs from either Harbour Master/Structural Engineers or other qualified persons. *(If repairs are urgent contact the Harbour Master as soon as possible)*

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Have temporary repairs been necessary and by whom and under whose authorisation?

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Is a rechargeable order required? **Yes/No**

(If yes, state Code number and issuing officer)

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Damage to property of third party? **Yes/No**

(If yes, has third party been informed/log entry been made?) **Yes/No**

Brief description of the incident:

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Is an offence suspected? **Yes/No**

(If yes, follow criminal investigation procedure)

(If no, complete Incident Inquiry)

Names of other Bodies or individuals notified e.g. MCA, MAFF etc.

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Witnesses:

Name:

Address:

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Telephone No:

Statement obtained? *(If yes attach copy)*: **Yes/No**

Name:

Address:

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Telephone No:

Statement obtained? *(If yes attach copy)*: **Yes/No**

Name:

Address:

.....

Telephone No:

Statement obtained? *(If yes attach copy)*: **Yes/No**

Form completed by:

Position:

Signature:

Date: Submitted to Harbour Master on:

Complete and attach Claim Cost Analysis sheet. *(See page 7)*

List attachments: