

	<p>SAINT LUCIA <i>Division of Maritime Affairs</i></p> <p>REPORT OF VESSEL CASUALTY SHIPPING ACT CAP 13.27 SECTION 437</p>	<p>FOR OFFICE USE ONLY</p>
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INSTRUCTIONS

1. This form shall be submitted to the Maritime Division soon after the Shipping casualty.
2. This form must be completed in full. Entries which do not relate to the particular case should be indicated as "Not Applicable" by inserting the initials "NA"
3. This form should be completed for every vessel casualty in accordance with the Section 457 of the Shipping Act Cap 13.27.
4. This form must be completed by Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.

I. PARTICULARS OF VESSEL

1. NAME OF VESSEL	2. OFFICIAL NO.	3. GROSS TONNAGE	4. TYPE OF VESSEL*	
5. NAME ADDRESS AND TELEPHONE NUMBER OF MANAGING AGENT				
6A. NAME OF MASTER OR PERSON INCHARGE	6B. LICENSE NO.	6C. GRADE	6D. DATE OF ISSUE	
7. OFFICER ON DUTY AT THE TIME OF CASUALTY		8. ENGINEER ON DUTY AT THE TIME OF CASUALTY		
8.1 CREW ON DUTY AT TIME OF CASUALTY				
NAME		NAME		
CAPACITY	LICENSE NO.	CAPACITY	LICENSE NO.	

II. PARTICULARS OF CASUALTY

9A. DATE OF CASUALTY	9B. TIME(LOCAL OR ZONE)	9C. ZONE DESCRIPTION	9D. TIME OF DAY DAY NIGHT TWILIGHT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
10A. GEOGRAPHICAL LOCATION OF CASUALTY *		10B. GEOGRAPHICAL NAME OF BODY OF WATER		

12A. NATURE OF CARGO, IF APPLICABLE(DESCRIBE AND GIVE AMOUNT IN LONG TONS)	12B. AMOUNT OF DRY CARGO	12C.AMOUNT BULK LIQUID	12D.AMOUNT DECK CARGO	
13. SPEED IN KNOTS PRIOR TO CASUALTY	14. TRUE COURSE PRIOR TO CASUALTY		15.DRAFT FORWARD	16. DRAFT AFT
17. ATMOSPHERIC CONDITION AT THE 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	18. DISTANCE OF VISIBILITY <input type="checkbox"/> UNDER 2 MILES <input type="checkbox"/> 2-5 MILES <input type="checkbox"/> OVER 5 MILES	19. WIND <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE TO FRESH <input type="checkbox"/> STORM TO HURRICANE BEAUFORT SCALE _____	20. SEA <input type="checkbox"/> SMOOTH TO SLIGHT <input type="checkbox"/> MODERATE TO ROUGH <input type="checkbox"/> HIGH BEAUFORT SCALE _____	21. WIND DIRECTION
			22. DIRECTION OF SEA	
			23. DIRECTION OF SWELL	

*Notes: Type of vessel – General cargo, oil tanker, ore/oil, passenger, bulk, ore carrier, tug, etc. location – if at sea, latitude and longitude; if in port, straits, river channel, etc, give name.

Notification must be made immediately by the fastest means possible to the Maritime Affairs. (SLASPA)

E-mail: maritime@slaspa.com or fax 457-6191.

24.NAVIGATION EQUIPMENT(check one or more) RADAR GPS <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> INOPERATIVE <input type="checkbox"/> NOT USED <input type="checkbox"/> NOT USED <input type="checkbox"/> USED <input type="checkbox"/> USED	25. COMMUNICATIONS EQUIPMENT(check one or more) RADIOTELEPHONE/VHF SAT COM <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with other vessel <input type="checkbox"/> In use with shore stations <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used <input type="checkbox"/> Not used	26. AUTO ALARM TRANSMITTED BY YOUR VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO
		27. RULES OF THE ROAD APPLICABLE <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> OTHER(Specify)

28. NATURE OF THE CASUALTY (Check one of the following. Give pertinent details in item 32)						
<input type="checkbox"/> COLLISION WITH OTHER VESSEL(S)(Give name and flag of other vessel)				<input type="checkbox"/> EXPLOSION/FIRE (OTHER)		
				<input type="checkbox"/> GROUNDING		
<input type="checkbox"/> COLLISION WITH FLOATING OR SUBMERGED OBJECTS				<input type="checkbox"/> FLOODING (SINKING)		
				<input type="checkbox"/> CAPSIZING WITHOUT SINKING		
<input type="checkbox"/> COLLISION WITH AIDS TO NAVIGATION				<input type="checkbox"/> FLOODING, SWAMPING, ETC WITHOUT SINKING		
<input type="checkbox"/> COLLISION (OTHER)				<input type="checkbox"/> HEAVY WEATHER DAMAGE		
<input type="checkbox"/> EXPLOSION/FIRE (INVOLVING CARGO)				<input type="checkbox"/> CARGO DAMAGE (NO VESSEL DAMAGE)		
<input type="checkbox"/> EXPLOSION/FIRE (INVOLVING VESSELS'S FUEL)				<input type="checkbox"/> MATERIAL FAILURE (VESSEL STRUCTURE)		
<input type="checkbox"/> FIRE (VESSEL'S STRUCTURE OR EQUIPMENT)				<input type="checkbox"/> MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)		
<input type="checkbox"/> EXPLOSION (BOILER AND ASSOCIATED PARTS)				<input type="checkbox"/> EQUIPMENT FAILURE		
<input type="checkbox"/> EXPLOSION (PRESSURE VESSELS AND COMPRESSED GAS CYLINDERS)				<input type="checkbox"/> CASUALTY NOT NAMED ABOVE		
29. PERSONNEL	CREW	PASSENGERS	OTHER	TOTAL	30. PROPERTY LOSSES	U.S. DOLLARS
A. NUMBER ON BOARD					A. ESTIMATED LOSS/DAMAGE TO VESSEL	\$
B. NUMBER KNOWN DEAD					B. ESTIMATED LOSS/DAMAGE TO THE CARGO	\$
C. NUMBER MISSING					C. ESTIMATED LOSS/DAMAGE TO OTHER PROPERTY	\$

32. DESCRIPTION OF THE CASUALTY (Events and circumstances leading to the casualty and present when it occurred. Attach diagrams, additional sheets, P&I reports, statement of officers and crew, log book extracts, copies of charts, photos, etc.)

33. REMARKS (Indicate assistance rendered by shore stations and vessels; recommendation for corrective safety measures pertinent to this casualty. Include explanation of any unsatisfactory life saving equipment. Attach additional sheets if necessary.

34. DATE OF REPORT	35. SUBMITTED BY (PRINT NAME)	36. SIGNATURE	37. TITLE
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SAINT LUCIA
DEPARTMENT OF MARITIME AFFAIRS
REPORT OF INJURY OR LOSS OF LIFE

NOTES

- I. An original of this form shall be submitted to the Flag State as soon as possible after the occurrence of the incident.
- II. This form must be completed in full. Entries not relating to the case should be filled as N/A.
- III. This form should be completed by the Master or supervisor, or if neither is available, by the owner or his duly authorized agent
- IV. Crew list should be submitted together with this form.

VESSEL'S PARTICULARS		
Vessel Name	Official Number	Type of Vessel
Owner's Name		
Vessel Manager's Particulars (include Name/Address/Telephone)		

PARTICULARS OF THE INJURED OR DECEASED			
Name	Date of Birth	Citizenship	Capacity of vessel
Home Address		Seaman's Book or Passport No	
Activity Engaged in at Time of Casualty		Name of Immediate Supervisor at Time of Casualty	
		Supervisor's capacity or Status of vessel	
		If Crew Member or Shore Worker	
		<input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other	

PARTICULAR OF THE INCIDENT

Date and Time of Incident	Last Port of Departure	Next Port of Arrival
Location of Vessel at time of Incident (Port, country or coordinates)	Date of Departure	Estimated Date of Arrival
Body of Water (if occurred at open sea)		

Result of incident (Injury/Death/Missing), other please specify:

Nature of injury (description of injury)	Total Days incapacitate (for injury)	
Cause of Death	Location of Individual at Death	Date of Death

Description of Incident (Give events leading to the incident and how it occurred. Attach additional sheets, if required)

Witness to Accident

Name (1)		Address/ Contact (1)	
Name (2)		Address/ Contact (2)	

DESCRIPTION OF ASSISTANCE RECEIVED

Description of MEDICIO (Medical) Message Sent			
If YES please state date and time of first message			
Description of Treatment Administered			
If yes, by Whom (Ship's Doctor/other crew) others, please specify:			
Name of Hospital (if hospitalized)			
Address of Hospital			
Recommendations for Corrective Safety Measures Pertaining to this Incident:			
Date of Report	Submitted by	Designation	Signature

