Accident Report Form v2/22

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| Accident Report Form (ARF) |
| The Merchant Shipping (Accident Reporting and Investigation) Regulations 2012 requires that marine accidents (including serious injuries) and marine incidents (commonly known as 'near misses') be reported to the designated authority, FIMA. MGN 564 provides further information on who should report marine accidents and the definitions of what a marine accident is.**Initial notification**To report an accident or incident you should phone the dedicated reporting line on +500 54648 which is monitored 24 hours a day. After which you can expect to be asked to complete this accident report form (ARF). Note: Those directly involved with the operation of a vessel (masters or skippers, and owners or managers) or authorities ashore (Port management, Fisheries authorities) are obliged to notify FIMA about any accidents or incidents. **Completion of the ARF** This form is intended to be completed electronically, with drop-down boxes to aid completion. Please try to answer as many questions as possible as it reduces the need for us to contact you for further information or clarification. If information is not known, select or type ‘unknown’ and if a question is not applicable, select or type 'n/a'. Numerical fields can be left blank.If you are reporting multiple instances of accidents or marine incidents, these should be submitted on separate forms. |
| **FIMA’s aim is to help prevent further avoidable accidents, not to establish blame or liability** |
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| Contact Details |
| **Person completing the form** |
|  |
| Name | Title |  | First name |  | Last name |  |
|  |
| Email address | Enter your answer | Phone number | Enter your answer |  |
|  |
| Job role | Enter your answer | Company name | Enter your answer |  |
|  |
| Company contact details | Enter your answer |  |
|  |
|  |
| Vessel Details |
|  |
| Name of vessel | Enter your answer |  |
|  |
| Type of vessel | Fishing vessel | Contact number for vessel | Enter your answer |  |
|  |
| If type of vessel is a **fishing** vessel, please select from the following | Choose an item. |  |
|  |
| Flag state | Enter your answer |  |
|  |
| IMO number | Enter your answer | MMSI | Enter your answer |  |
|  |
| Call sign | Enter your answer | RSS/SSR/PLN (port letters and numbers) | Enter your answer |  |
|  |
| Other registration numbers | Enter your answer |  |
|  |
| Length overall (m) | Enter your answer | Registered length (m) | Enter your answer |  |
|  |
| Gross tonnage | Enter your answer | Year of build | Enter your answer |  |
|  |
| Hull material | Choose an item |  |
|  |
| Did the occurrence involve a vessel's boat? (Do not include SAR involvement) | Choose an item |  |
|  |
| Number of people on board at the time of the occurrence |
| Crew | Enter your answer | Passengers | Enter your answer | Others | Enter your answer | **Other** includes: non-crew (eg pilots, shore workers) working on board vessels; people who have **paid** to be actively involved in crewing a vessel. |
|  |
| Any Additional Vessels Involved |
| **For each new vessel, click the plus symbol at the end of the section** |
|  |
| Name of vessel | Enter your answer | Type of vessel | Choose an item |  |
|  |
| Any known registration numbers | Enter your answer |  |
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|  |
| Occurrence Details |
|  |
| Occurrence type | Choose an item | Date | DD/MM/YYYY | Local time | Enter your answer |  |
|  |
| Sea state | Choose an item | Wind force | Choose an item |  |
|  |
| Natural light | Choose an item | Weather conditions | Choose an item |  |
|  |
| Visibility | Choose an item |  |
|  |
| Latitude | Enter your answer | ° | Enter your answer | . | Enter your answer | ‘ | Choose an item |  |
|  |
| Longitude  | Enter your answer | ° | Enter your answer | . | Enter your answer | ‘ | Choose an item |  |
|  |
| If lat/long unknown, please provide description of location | Enter your answer |  |
|  |
|  |
| Voyage Data |
|  |
| Voyage segment | Choose an item | Vessel routeing | Choose an item |  |
|  |
| Under pilotage or PEC direction | Choose an item | Vessel operation(s) at the time of the occurrence | Choose an item |  |
|  |
| Port of departure | Enter your answer | Port of destination | Enter your answer |  |
|  |
|  |
| Consequences |
| Please tick any relevant box(es)  |
| Was shore assistance required |[ ]  Was towage required |[ ]  Did the vessel sink |[ ]  Was the vessel unfit to proceed |[ ]   |
|  |
| Was search and rescue involved |[ ]  Was the vessel damaged |[ ]  Was the cargo damaged |[ ]  Was there any pollution |[ ]   |
|  |
| Please provide details of any damage or pollution |
|  | Enter your answer |  |
|  |
|  |
| Description of Occurrence |
| Description of the sequence of events leading to and including the occurrence  |
|  | Enter your answer |  |
|  |
| Please state why you think the occurrence happened |
|  | Enter your answer |  |
|  |
| **Give details of any action recommended by you or anyone else to prevent similar occurrences in the future** |
| Recommended action |
|  | Enter your answer |  |
| Who issued the recommendation? |
|  | Enter your answer |  |
| Who was it addressed to? |
|  | Enter your answer |  |
|  |
|  |
| Injuries & Fatalities |
|  |
| Number of people with minor injuries (up to 72 hours incapacitated/off work) | Enter your answer |  |
|  |
| Number of people with serious injuries (over 72 hours incapacitated/off work) | Enter your answer |  |
|  |
| Number of missing persons | Enter your answer | Number of lives lost | Enter your answer |  |
|  |
| **For each new casualty, click the plus symbol at the end of the casualty section** |
|  |
| **Casualty** |
|  |
| Person type | Choose an item | Age | Enter your answer | Gender | Enter your answer | Nationality (by country) | Enter your answer |  |
|  |
| Physical condition | Choose an item | Was a lifejacket used | Choose an item |  |
|  |
| Type of Injury | Choose an item | Part of the body injured | Enter your answer |  |
|  |
| Where on the vessel did the injury happen | Enter your answer | Was this an enclosed space? |[ ]   |
|  |
| **For injuries only**: total number of days incapacitated/off work if known | Enter your answer |  |
|  |
| Any further information |
|  | Enter your answer |  |
|  |
|  |
| Additional Information |
|  |
| Additional data or information considered relevant |
|  |
|  | Enter your answer |  |
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