Solent Incident and Accident Reporting Form

What the form is for - This common reporting form is to be used for maritime incidents that occur in or close to the waters of: ABP Southampton, The Queen's Harbour Master Portsmouth, Portsmouth International Port, Cowes Harbour Commissioners and Langstone Harbour as shown in the chartlet below.

How to complete the form - The form can be used to report all types of incident or accident, near miss or potential risk. Sections 1-3 and 11 must be completed followed by the relevant section for the type of incident.

If you are reporting a leisure or recreational incident the shorter reporting format at section 12 can be used. In this case there is no need to fill in sections 1-3 or 11.

Once the Form is Completed - Please forward it to the Harbour Master in whose area the incident occurred.

Provenance - This form replaces all existing report forms in use by the port authorities mentioned above.

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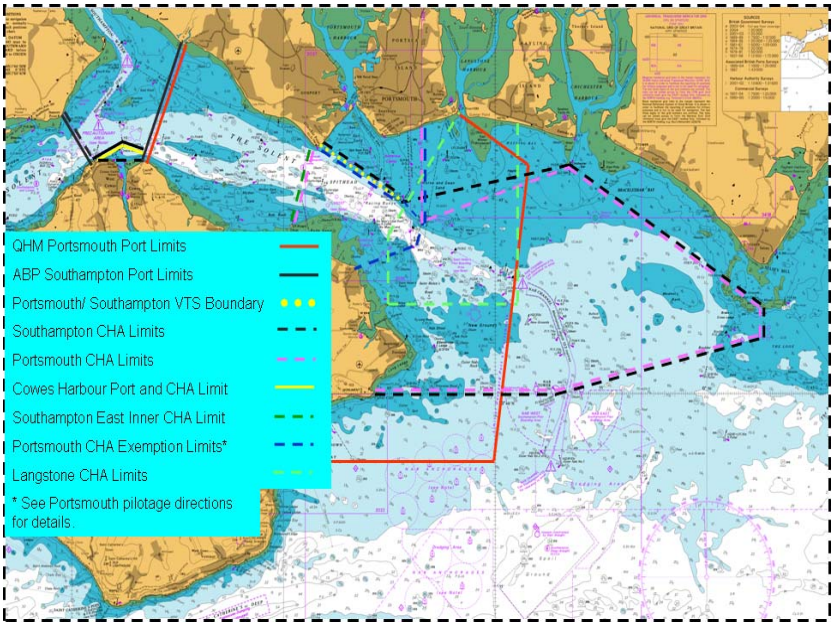
Section	Heading
1-3	General Information
4	Close Quarters Situation
5	Grounding
6	Striking/Impact
7	Loss of Anchor and Cable
8	Pollution
9	Accident Report
10	Potential Risk Report
11	Free Text Narrative
12	Leisure/Recreational Incident Short Report



Section 1 – Type of Incident – Please circle

Collision ☐ Grounding ☐ Striking ☐ Loss of Anchor ☐ Pollution ☐

Accident/Near Miss/Potential Risk ☐ Other (Specify):

Use most relevant section and then the free text at section 11.

Section 2 - Personal Details:

Name/ Pilot / PEC number	
Address	
Phone Number	
Email Address	
Witness details *(if applicable)*	

Section 3 - General Details:

Ships Name			
Date of incident *(dd/mm/yyyy)*			
Time of incident *(24 hr clock)*			
Position of incident *(or)*	Lat:		Long:
Position of incident	Range:	Brg:	From:
Direction and rate of tidal stream			
Wind speed/direction *(Beaufort)*			
Sea State *(Beaufort)*			
Visibility *(In miles)*			
GRT/NRT			
Length/Beam/Draught *(Metres)*			
Owners name/Address			
Agent name and telephone No			
Destination port			
Source of position information			
Datum selected in GPS			
Chart Positions Retained	Yes ☐ No ☐		
Actions taken after incident *(own)*			
Actions taken after incident *(other)*			

Written statement from master	Yes ☐ No ☐

Please sign and date this section and complete the appropriate section as applicable and section 11:

Name:	Date:	Signature:

Office Use only:

Name:	Date:	Signature:

Section 4 – Close Quarters Situation:

Name of other vessel/object	
Ship's heading at time of incident	
Type of lookout maintained	
Speed/Engine Setting	
Bridge control	Yes ☐ No ☐
Bow/Stern thrusters in use	Yes ☐ No ☐
Steering mode *(Auto/manual/NFU)*	
Compass in use *(Mag/Gyro etc…)*	
Time/range other vessel was first seen	
Estimated course/speed of other vessel	
True course steered at incident	
Length of time on this course	
Lights/signals displayed *(both vessels)*	
Sound signals *(both vessels)*	
Use of VHF *(channel and content)*	
Use of engines	
Course alterations *(own ship)*	
Course alterations *(other ship)*	
Other authorities contacted	Time: Time:
List relevant machinery/equipment defects	
Describe any unusual handling characteristics	

Please sign and date this Section **and continue to section 11:**

Name:	Date:	Signature:

Section 5 - Grounding:

Main propulsion			
Propeller(s)	Type:	How many:	Rotation:
Rudders	Type/Number:		
Ship's heading at time of incident			
Echo sounder in use	Yes ☐ No ☐	Trace Retained: Yes ☐ No ☐	
Speed/Engine(s) setting			
Bridge control	Yes ☐ No ☐		
Bow/Stern thrusters in use	Yes ☐ No ☐		
Steering mode *(Auto/manual)*			
Compass in use *(Mag/Gyro etc...)*			
True course steered at incident			
Length of time on this course			
Previous true course steered			
Length of time on this course			
Use of engines			
Engine movements before grounding			
Cargo carried			
Dangerous substance carried			
Bunkers remaining			
Leakage of fuel/oil			
How was vessel refloated			
How long was vessel aground			
Relevant machinery/equipment defects			
Any unusual handling characteristics?			
Tugs in use	Names:		
	Positions & Orientation:		
Other authorities contacted	Time:		

Please sign and date this Section **and continue to section 11:**

Name:	Date:	Signature:

Section 6 – Striking / Impact / Collision:

Object struck			
Ship's heading at time of incident			
Length of time on this course			
Previous true course steered			
Own speed at time of incident			
Estimated course/speed of other vessel			
Previous course/speed of other vessel			
Own main engine propulsion			
Propeller(s)	Type:	How many:	Rotation:
Rudders	Type/Number:		
Own engine(s) setting			
Engine movements prior to collision			
Bridge control	Yes ☐ No ☐		
Bow/Stern thrusters in use	Yes ☐ No ☐		
Steering mode *(Auto/manual)*			
Compass in use *(Mag/Gyro etc…)*			
Tugs in use	Names		
	Positions & Orientation		
Other authorities contacted	Time		
	Time		
Visual signals made *(own ship)*			
Sound signals *(own ship)*			
Was tug being watched			
Use of VHF *(channel and content)*	(Provide recording or transcripts)		
Cargo/Dangerous substance carried			
Pollution	(Please also complete Section 8)		
List relevant machinery/equipment defects/ handling characteristics			

Please sign and date this Section **and continue to section 11:**

Name:	Date:	Signature:

Section 7 – Loss of Anchor and Cable:

Position of lost anchor/cable	

Ship's heading at time of incident			
At anchor or underway			
Speed at time of incident			
Main engine propulsion			
Propeller(s)	Type:	How many:	Rotation:
Rudders	Type:	How many:	
Bow/stern thrusters fitted			
Engine(s) setting			
Bridge control			
State which anchor involved			
Amount/Size of cable lost			
Slipped or parted *(state)*			
If slipped why			
If anchoring, how much cable was on deck prior to letting go			
Other authorities contacted	Time:		
	Time:		
List relevant machinery/equipment defects			

Please sign and date this Section **and continue to section 11:**

Name:	Date:	Signature:

Section 8 – Pollution:

Type of pollution		
Cause of pollution		
Estimate of amount of pollutant spilled		
Geographic extent of pollution		
Fuel Grade		
Immediate actions taken		
Other authorities contacted	Time:	
	Time:	
Type of response equipment used		
Extent of any damage to vessel		

Please sign and date this Section **and continue to section 11:**

Name:	Date:	Signature:

Section 9 - Accident Report Form

Person Reporting the Accident:

Title/Rank:	Name:	
Address:		
Occupation:		

The Person having the accident:

Title/Rank	Name:	
Address:		
Occupation:		

About the accident:

Where did it happen? What time did it happen? How did it happen?

Details of any injuries:

Please sign and date the form:

Name:	Date:	Signature:

Section 10 - Potential Risk Report

Mr/Mrs/Rank: Name:	
Address:	
Email address:	
Telephone Number:	
Details of risk:	
Date/Time:	
Location:	
Weather/Tide:	

Description of risk:

Please sign and date the form:

Name:	Date:	Signature:

Office Use only:

Name:	Date:	Signature:

Section 11 Free Text Report:

Describe in your own words how the incident developed. Please use any charts, drawings, sketches photographs of other evidence that may assist in recreating the event and use additional blank sheets if required. The description should include: -A factual narrative of events including cause (and timings if possible). -Any material damage sustained. -Any pollution. -Any actions you have taken or recommendations you or others might have. -Details of any injuries sustained.

If there is insufficient space above to complete your description, please use additional sheets and fasten them securely to this form. Please indicate here the number of continuation sheets you have used:

Please sign and date this Section:

Name:	Date:	Signature:

Office Use Only:

Name:	Date:	Signature: