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| **Marine Casualty / Incident Report**  | **تقرير عن الحوادث أو الأحداث البحرية** |
| **Marine Casualty/Incident Report** |
| **Guidelines:**This Report form must be forwarded by any means within 72 hours of the Marine Casualty/incident to: E-mail: **NAV@PCFC.AE**Do not use this form to report incidents to which the MARPOL 73/78 convention is applicable. To report such incidents, the specific MARPOL 73/78 reporting format, set out in the convention or Shipboard Oil Pollution Emergency Plan, must be used.The DMA’s aim is to help prevent further avoidable accidents, not to establish blame or liability.**REQUIREMENTS FOR REPORTING****This is a summary of the principal requirements for more information, please consult Marine Operations Department - DMA.**DMA requires a responsible person to submit a written report to the DMA within 72 hours of any Casualty/Incident, or near miss. A responsible person is defined by regulation as the Master or person in charge of the vessel, the owner or operator, DPA, or the agent, or a pilot who has duties on board the vessel, or Marina Management or Port Management or directly involved entity.A report submitted to DMA using this form will have fulfilled the obligation to report.**Application:** All vessels in Dubai’s waters, All Dubai registered vessels anywhere.A report of Marine Casualty/Incident and of dangers to navigation must be made where, during a voyage within Dubai’s waters or at any time on a Dubai Registered vessel or during a voyage to a port in Dubai:* an accident occasioning loss of life or serious injury to a person occurs;
* damage or defect in the vessel, its boilers, machinery or equipment has been discovered which has or may affect the seaworthiness, maneuverability or safety of the ship, efficient operation or safety of the boilers, machinery or fixed equipment of the ship;
* the vessel has been in extremis or a position of peril from the action of some other vessel or from danger of wreck or collision;
* the vessel has been stranded or wrecked, has fouled or damaged a pipeline or submarine cable, lighthouse, lightship, beacon, buoy or other marine mark, or where a ship having left a port in Dubai and has put back to that port due to an on-board occurrence.

For Vessels registered under DMA, Deaths and births must be reported where a member of the crew of a Dubai registered craft, a passenger or any other person carried on the vessel gives birth to a child, dies or disappears; or a member of the crew suffers an injury, or contracts an illness, which incapacitates him or her from the performance of his or her duty. **Cargo Handling Equipment:** A report must be submitted for any incident involving breakage or failure of vessel’s cargo gear or injury to any person on any vessel in Dubai’s waters; any discharge that violates UAE Pollution Legislations.Application: All vessels and offshore industry platforms and mobile units in Dubai’s waters and Dubai registered vessel anywhere.**Applicable Legislations:*** Law No. (11) of 2010 Concerning the Licensing of Vessels in the Emirate of Dubai
* Law No. (3) of 2023 Concerning the Dubai Maritime Authority
* Executive Council Resolution No. (11) of 2013 Issuing the Implementing Bylaw of Law No. (11) of 2010 Concerning the Licensing of Vessels in the Emirate of Dubai, as amended.
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| **1. Type of Marine Casualty / Incident:**  |
| **Specify the Type:** |

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| **2. Contact Details:**  |
| **Name of Person / Job role:**  |  |
| **Establishment Name:** |  |
| **Phone Number:**  |  |
| **Email Address:** |  |
| **Witness details (if applicable):** |  |

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| **3. Vessel Details:**  |
| **Name of vessel:** |  |
| **Type of vessel** |  |
| **Flag state** |  |
| **Plate or IMO number:** |  |
| **Date of incident (dd/mm/yyyy)** |  |
| **Time of incident (24 hr. clock)** |  |
| **Position of incident** | **Lat: Long:** |
| **Wind speed/direction (Beaufort)** |  |
| **Sea State (Beaufort)** |  |
| **Visibility (In miles)** |  |
| **GRT/NRT** |  |
| **Length/Beam/Draught (Meters)** |  |
| **Hull material** |  |
| **Owners name/Address** |  |
| **Agent name and telephone No** |  |
| **Destination port** |  |
| **Insurance, P&I Club:** |  |

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| **4. Any Additional Vessels Involved Details:**  |
| **Name of vessel:** |  |
| **Type of vessel** |  |
| **Flag state** |  |
| **Plate or IMO number:** |  |
| For each new vessel, insert new rows as deemed required. |

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| **5. Consequences:**  |
| **Please tick any relevant box(es):**

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| Was shore assistance required |[ ]  Was towagerequired |[ ]  Did the vesselsink |[ ]  Was the vessel unfit to proceed |[ ]
| Was search andrescue involved |[ ]  Was the vesseldamaged |[ ]  Was the cargodamaged |[ ]  Was there anypollution |[ ]
| Was any Life Raft launched or used |[ ]  Was any person lost |[ ]  Was this happened in Enclosed Space |[ ]   |  |
| **Please provide details of any damage:** |

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| **6. Description of Marine Casualty / Incident:**  |
| **Description of the sequence of events leading to and including the Casualty / Incident:** |
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| **Please state why you think the Casualty / Incident happened:** |
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| **Give details of any action recommended by you or anyone else to prevent similar Casualty / Incident in the future, and if so, by whom?** |
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| **Has any action been taken and if so what, by whom and when?** |
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| **Description of the sequence of events leading to and including the Casualty / Incident:** |
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| **7. Injuries & Fatalities:**  |
| **Number of persons with minor injuries (up to 72 hours incapacitated/off work)** |  |
| **Number of people with serious injuries (over 72 hours incapacitated/off work)** |  |
| **Number of missing persons:** |  |
| **Number of lives lost:** |  |

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| **7.1 Details of Person(s) Missing, Injured or Died:**  |
| **Crew Rank /Passenger** | **Age** | **Gender** | **Nationality** | **Physical condition** | **Type of Injury** | **Part of the body injured** | **Was a lifejacket used** |
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| For each new Person, insert new rows as deemed required. |

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| **8. Additional Information of Marine Casualty / Incident:**  |
| **Additional data or information considered relevant to the Casualty / Incident:** |
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| Please attach any documents (if available) which may support the report. |

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| **9. Details of person completing report:**  |
| **Name:**  |  |
| **Position:** |  |
| **Contact Number:**  |  |
| **Signature:** |  |
| **Date:** |  |