



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act No. 24 of 2002
Department of Maritime Affairs, Ministry of Public Works, Utilities, Transport and Posts



CASUALTY REPORT FORM

IMPORTANT : This Return should be forwarded by the fastest mode of communication available without delay e.g Email/Fax to:

St. Kitts & Nevis International Ship Registry
West Wing, York House
48-50 Western Road
Romford
Essex
RM1 3LP

CASUALTY REPORT FORM

St. Kitts and Nevis International Ship Registry requires the Master to report damage sustained by or accidents caused to a St. Kitts and Nevis registered vessel that results in:

- 1) Loss of Life
- 2) Total Loss of the Vessel
- 3) Serious Injury
- 4) Material Damage Affecting the Vessel's Seaworthiness
- 5) Machinery or Hull Damage Affecting the Vessel's Efficiency

Under Section 422 of the Merchant Shipping Act 1976, the Ministry of Public Works, Utilities, Transport & Posts may hold a Preliminary Investigation into any casualty, therefore the following should also be reported:

- 6) Any Damage to another Ship
- 7) Any Damage Caused by the Ship
- 8) Stranding or Grounding of Ship
- 9) Abandonment of Ship

St. Kitts and Nevis International Ship Registry require Passenger and Cargo ships to report **any accident or defect which is discovered** which affects any of the following (*these must also be reported to the Port State as required*):

- 10) The Safety of the Ship
- 11) Integrity of the Ship
- 12) The Safety of the Crew
- 13) The Efficiency of the Ships Equipment
- 14) The Completeness of the Ships Equipment
- 15) The Ships Safety Equipment
- 16) Mandatory Environmental protection/anti-pollution Equipment

HOW TO REPORT/WHAT TO REPORT

By the fastest mode of communication available, (preferably by ship's fax /email). Complete this form in as much detail as possible. Depending on the information in the report, we may require further information.

POLLUTION INCIDENTS

Must also be reported to the Coastal State.

FORM CODE: CR1	ISSUE No: 001	REVISED: 21/05/07
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All sections of this form should be completed.

Section A

Date of Incident	Day	Month	Year	Time of Incident
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				(State whether UTC (GMT) or local time)
Name of Vessel	<input type="text"/>			Official Number
				<input type="text"/>
Name and Address of Owner or Manager	<input type="text"/>			Name, IMO Number and Port of Registry or Nationality of any other vessel involved.
<input type="text"/>				<input type="text"/>
<input type="text"/>				<input type="text"/>
<input type="text"/>				<input type="text"/>
Tel No/ Fax/ Email	<input type="text"/>			<input type="text"/>

Section B

Date and Time of Departure from the Last Port	Voyage Details
<input type="text"/>	From: <input type="text"/>
	To: <input type="text"/>
Location of Incident (E.g Latitude and Longitude or name of Port, or other geographical reference)	Weather and Visibility at the time of the Incident
<input type="text"/>	<input type="text"/>
Type of Incident (Please Tick Appropriate Boxes)	
Collision or Contact	<input type="checkbox"/>
Standing or Grounding	<input type="checkbox"/>
Fire or Explosion	<input type="checkbox"/>
Failure of Hull/ Water Tight Dorrs/ Ports, etc	<input type="checkbox"/>
Machinery Damage	<input type="checkbox"/>
Damages to Ship or Equipment	<input type="checkbox"/>
Capsizing or Listing	<input type="checkbox"/>
Missing – Assumed Lost	<input type="checkbox"/>
Loss of Life/ Death	<input type="checkbox"/>
Serious Injury	<input type="checkbox"/>
Other	<input type="checkbox"/>

Section C - Details of Person(s) Killed or Injured

Location of Incident (E.g Engine Room, Galley, etc)

Position (E.g Passenger)	Injured Part of Body	Age	Nature of Injury	*Hours Worked before Incident	*Duration of Duty Period	On Duty at the time of the Incident	
						Yes ()	No ()
						Yes ()	No ()
						Yes ()	No ()
						Yes ()	No ()

If more than 4 persons, use an attachment sheet * For Operational Staff Only

Section D

Please Give a Brief Description of the Sequence of Events Leading to the Incident (Use additional sheets as required)

Section E

1. Please state how you think the incident happened.

2. Has any action been recommended by you as a result, and if so, what?

3. Has any action been taken and if so, what?

Section F

		Master / Owner's Representative (Delete as Applicable)	
Signed	<input type="text"/>	<input type="text"/>	
Name and Position / Rank Please PRINT	<input type="text"/>	Date	<input type="text"/>

If there is insufficient space in any part of this form for your answers or comments, please use a plain sheet of paper as a continuation sheet, number it in sequence and fasten securely to this form.

Please state clearly which sections are being expanded.

Additional sheet(s) attached: Yes () No () If Yes, state number: