REPUBLIC OF VANUATU VISR MARITIME ADMINISTRATOR PORT VILA, VANUATU	REPORT OF VESSEL CASUALTY	FOR OFFICE USE ONLY

INSTRUCTIONS

1. This form shall be submitted to the Deputy Commissioner of Maritime Affairs as soon after the casualty as possible.
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 34 of the Maritime Regulations.
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 NUMBER	3. GROSS TONNAGE	4. TYPE OF VESSEL*

5. NAME, ADDRESS, EMAIL AND TELEPHONE NUMBER OF MANAGING AGENT

6A. NAME OF MASTER OR PERSON INCHARGE	6B. VANUATU LICENSE NO.	6C. GRADE	6D. DATE OF ISSUE

7. DECK OFICER ON DUTY AT THE TIME OF CASUALTY		8. ENGINEER ON DUTY AT THE TIME OF CASUALTY	
NAME		NAME	
CAPACITY	VANUATU LICENSE NO.	CAPACITY	VANUATU 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 ☐

10A. GEOGRAPHICAL LOCATION OF CASUALTY *	10B. GEOGRAPHICAL NAME OF BODY OF WATER

11A. IF CASUALTY OCCURRED UNDERWAY, PORT OF DEPARTURE	11B. DATE OF DEPARTURE	11C. PORT TO WHICH BOUND

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)	18. DISTANCE OF VISIBILITY	19. WIND	20. SEA	21. WIND DIRECTION
☐ CLEAR ☐ PARTLY CLOUDY ☐ OVERCAST ☐ FOG	☐ UNDER 2 MILES ☐ 2-5 MILES ☐ OVER 5 MILES	☐ LIGHT ☐ MODERATE TO FRESH ☐ STORM TO HURRICANE BEAUFORT SCALE _____	☐ SMOOTH TO SLIGHT ☐ MODERATE TO ROUGH ☐ HIGH BEAUFORT SCALE _____	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 Deputy Commissioner of Maritime Affairs.
E-mail: registry@vanuatumaritimeregistry.com, fax +12123200374 or WhatsApp: +17866179041

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

28. NATURE OF THE CASUALTY (Check one of the following. Give pertinent details in item 32)

☐ COLLISION WITH OTHER VESSEL(S)(Give name and flag of other vessel)	☐ EXPLOSION/FIRE (OTHER)
	☐ GROUNDING
☐ COLLISION WITH FLOATING OR SUBMERGED OBJECTS	☐ FOUNDER (SINKING)
☐ COLLISION WITH ICE	☐ CAPSIZING WITHOUT SINKING
☐ ENVIRONMENTAL INCIDENT	☐ OIL, MUD OR OTHER SUBSTANCE SPILL
☐ COLLISION WITH AIDS TO NAVIGATION	☐ FLOODING, SWAMPING, ETC WITHOUT SINKING
☐ COLLISION (OTHER)	☐ HEAVY WEATHER DAMAGE
☐ EXPLOSION/FIRE (INVOLVINNG CARGO)	☐ CARGO DAMAGE (NO VESSEL DAMAGE)
☐ EXPLOSION/FIRE (INVOLVING VESSELS'S FUEL)	☐ MATERIAL FAILURE (VESSEL STRUCTURE)
☐ FIRE (VESSEL'S STRUCTURE OR EQUIPMENT)	☐ MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)
☐ EXPLOSION (BOILER AND ASSOCIATED PARTS)	☐ EQUIPMENT FAILURE
☐ EXPLOSION (PRESSURE VESSELS AND COMPRESSED GAS CYLINDERS)	☐ CASUALTY NOT NAMED ABOVE

29. PERSONNEL	CREW	PASSENGERS	OTHER	TOTAL
A. NUMBER ON BOARD				
B. NUMBER KNOWN DEAD				
C. NUMBER MISSING				
D. NUMBER INJURED				

30. PROPERTY LOSSES	U.S. DOLLARS
A. ESTIMATED LOSS/DAMAGE TO VESSEL	$
B. ESTIMATED LOSS/DAMAGE TO THE CARGO	$
C. ESTIMATED LOSS/DAMAGE TO OTHER PROPERTY	$
31. IS VESSEL A TOTAL LOSS? ☐ YES ☐ NO	

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