
Accident Report Form

Part 1: Event Information	
Date of Accident	
Time of Accident	
Position / Location of Vessel if known (GPS / Latitude / longitude)	
Weather Conditions (Sea / Wind)	
Visibility (poor / fair / good)	
Type of Accident:	<ul style="list-style-type: none"> • Sinking • Capsize • Collision • Grounding • Fire / Explosion • Engine failure • Vessel disabled • Piracy • Vessel missing • Personal Injury • Lost overboard • Hit by lightning • Other (provide details)

Part 2: Vessel Information	
Name of Vessel	
Registration Number / Identification Marks / Colour	
Port of Registry / Flag State:	Home Port:
Type of Fishing:	
Type of Vessel:	<ul style="list-style-type: none"> • Multi day • One day inboard engine • One day outboard engine • Traditional (no engine)
Engine Horsepower:	Year Built:
Vessel Material: (wood / steel / fibreglass / etc)	
Vessel Length:	Tonnage:
Captain's Name	
Captain's Contact Details	
Owner's Name	
Owner's Contact Details	

Part 3: Injury Information

Name of Injured Person		
Age of Injured Person		
Nationality		
Severity of Injury:	<ul style="list-style-type: none"> • Near miss • Minor / First Aid • Serious Injury • Fatal • Missing • Drowning 	* for fatality, indicate where the individual passed away – at sea, in hospital, etc.
Type of Injury:	<ul style="list-style-type: none"> • Abrasions / Cuts • Twists / Fracture • Burns / Chemicals • Amputation • Electric shock • Suffocation • Fish-related (provide details) • Other (provide details) 	
Body Part affected:	<ul style="list-style-type: none"> • Head • Eyes • Neck • Shoulder • Back • Abdomen • Internal • Arms • Hands • Fingers • Groin • Legs • Knees • Feet • Toes 	
Illness:	<ul style="list-style-type: none"> • Diarrhea • Constipation / cramps • Food poisoning • Flu / Fever • Sore eyes • Hayfever / allergies • Skin rash / blisters • Headache / earache • Nausea • Infection • Bladder / urinary • Dehydration • Sun stroke / sunburn • Decompression illness • Seizure • Mental Trauma • Other (provide details) 	

Part 4: Additional Information

Note: please provide any additional information which may be relevant / important in this case.

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Part 5: Actions Taken

Note: this section is for outlining actions taken at the time of the event / accident / response / rescue.

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Part 6: Reporter Details

Name of Reporter	
Contact Details	
Date of Report	