



**PANAMA MARITIME AUTHORITY  
DIRECTORATE GENERAL OF MERCHANT MARINE  
MARINE ACCIDENT INVESTIGATION DEPARTMENT  
REPORT OF VESSEL CASUALTY OR ACCIDENT**

F-273  
(DIAM)  
V. 00



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THIS SPACE FOR OFFICIAL USE ONLY

**INSTRUCTIONS**

1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."
3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.
4. Attach crew list to this form. Report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

**I. PARTICULARS OF VESSEL**

|   |                             |   |                                     |                |
|---|-----------------------------|---|-------------------------------------|----------------|
| 1. Name of Vessel                         | 2. IMO Number               | 3. Year built                                     | 4. Gross Tonnage                    | 5. Net Tonnage |
| 6. Type of Vessel (See Note 1.)           | 7. Propulsion (See Note 2.) | 8. Place Built                                    |                                     |                |
| 9. Name of Owner                          |                             | 10. Name, Address and Telephone of Managing Agent |                                     |                |
| 11.(a) Name of Master or Person in Charge | (b) Citizenship             | (c) Date of Birth                                 | (d) License Grade and Date of Issue |                |

**II. PARTICULARS OF CASUALTY**

|  |   |  |  |                      |
|--|---|--|--|----------------------|
| 12. (a) Date of Casualty   | (b) Time (Local or Zone)  | (c) Zone Description   | (d) Time of Day<br><input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight |                      |
| 13. Geographical Location of Casualty and Name of Body of Water (See Note 3.)  |   | 14. Country of Casualty  |  |                      |
| 15.(a) Port of Departure   | (b) Date of Departure   | (c) Port to Which Bound  |  |                      |
| 16. (a) Nature of Cargo (Describe and give amounts in Long Tons)   | (b) Amount Dry Cargo  | (c) Amount Bulk Liquid   | (d) Amount Deck Cargo  |                      |
| 17. Speed in Knots Prior to Casualty   | 18. True Course Prior to Casualty   | 19. Draft Forward  | 20. Draft Alt  |                      |
| 21. Atmospheric Conditions at Time of Casualty (Check one or more of the following)<br><input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other (Specify)                 |   |  |  |                      |
| 22. Distance of visibility<br><input type="checkbox"/> Under 2 Miles<br><input type="checkbox"/> 2-5 Miles<br><input type="checkbox"/> Over 5 Miles  | 23. Wind<br><input type="checkbox"/> Light<br><input type="checkbox"/> Moderate to Fresh<br><input type="checkbox"/> Storm to Hurricane | 24. Sea<br><input type="checkbox"/> Smooth to Slight<br><input type="checkbox"/> Moderate to Rough<br><input type="checkbox"/> High  | 25. Wind Direction   | 26. Direction of Sea |
|  |   |  | 27. Direction of Swell   |                      |
| 28. Navigation Equipment (Check one or more of the following)<br><input type="checkbox"/> Radar ( <input type="checkbox"/> S Band, or <input type="checkbox"/> X Band) <input type="checkbox"/> ARPA<br><input type="checkbox"/> Inoperative <input type="checkbox"/> Inoperative<br><input type="checkbox"/> Used <input type="checkbox"/> Used |   | 29. Communications Equipment (check one or more of the following)<br><input type="checkbox"/> Radiotelephone <input type="checkbox"/> CW (Key)<br><input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> in use with Other Vessels<br><input type="checkbox"/> In use with Shore Station <input type="checkbox"/> In use with Shore Stations<br><input type="checkbox"/> Not Used <input type="checkbox"/> Not Used |  |                      |
| 30. Auto Alarm Transmitted by your Vessel?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |   | 31. Rules of the Road Applicable at Time<br><input type="checkbox"/> International <input type="checkbox"/> Other (specify)  |  |                      |

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.  
 Note 2. Propulsion - Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.  
 Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

|   |  |
|---|--|
| 32. Nature of the Casualty (Check one or more of the following. Give pertinent details in item 33.) |  |
| COLLISION WITH OTHER VESSEL(S) (Give Name and Flag of Other   | EXPLOSION/FIRE (Other)   |
|   | GROUNDING  |
|   | FOUNDER (Sinking)  |
| COLLISION WITH FLOATING OR SUBMERGED OBJECTS  | CAPSIZING WITHOUT SINKING  |
| COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)   | FLOODINGS, SWAMPING, ETC., WITHOUT SINKING   |
| COLLISION WITH ICE  | HEAVY WEATHER DAMAGE   |
| COLLISION WITH AIDS TO NAVIGATION   | CARGO DAMAGE (No Vessel Damage)  |
| COLLISION (Other)   | MATERIAL FAILURE (Vessel Structure)  |
| EXPLOSION/FIRE (Involving cargo)  | MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.) |
| EXPLOSION/FIRE (Involving vessel's fuel)  |  |
| FIRE (Vessel's structure or equipment)  | EQUIPMENT FAILURE  |
| EXPLOSION (Boiler and associated parts)   | CASUALTY NOT NAMED ABOVE   |
| EXPLOSION (Pressure vessels and compressed gas cylinders)   |  |

|                     |      |            |       |        |  |               |
|---------------------|------|------------|-------|--------|--|---------------|
| 33. Personnel       | Crew | Passengers | Other | Totals | 34. Property Losses  | Dollars (USA) |
| (a) Number on Board |      |            |       |        | (a) Estimated loss/damage to vessel  | \$            |
| (b) Number known    |      |            |       |        | (b) Estimated loss/damage to cargo   | \$            |
| (c) Number Missing  |      |            |       |        | (c) Estimated loss/damage to other   | \$            |
| (d) Number Injured  |      |            |       |        | 35. Is Vessel a Total Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |

36. DESCRIPTION OF CASUALTY IF NOT DEATH

|  |             |  |             |
|--|-------------|--|-------------|
| 37. Deck Officer on Duty at Time of Casualty |             | 38. Engineer on Duty at Time of Casualty |             |
| Name   |             | Name                                     |             |
| Capacity                                     | License No. | Capacity                                 | License No. |

**III. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)**

|  |   |                   |
|--|---|-------------------|
| 39. (a) Name of Person                                   | (b) Home Address  | (c) Date of Birth |
|  |   | (d) Citizenship   |
| 40. Seaman's Book or Passport No                         | 41. Status or Capacity on Vessel  |                   |
| 42. Activity Engaged in at Time of Casualty              | 43. If Crew Member or Shore Worker<br><input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other |                   |
| 44. (a) Name of Immediate Supervisor at Time of Casualty | (b) Supervisor's capacity or Status on Vessel   |                   |

45. DESCRIPTION OF CASUALTY (Give events leading up to casualty and how it occurred. Attach diagram and additional sheets, if necessary.)

|   |         |
|---|---------|
| 46. WITNESSES TO ACCIDENT (At least two, if possible) |         |
| Name  | Name    |
| Address   | Address |

|  |  |   |           |
|--|--|---|-----------|
| Name   |  | Name  |           |
| Address  |  | Address   |           |
| <b>IV. ASSISTANCE AND RECOMMENDATIONS</b>  |  |   |           |
| 47. (a) MEDICO (Medical) MESSAGE SENT  | (b) IF YES, GIVE DATE OF FIRST MESSAGE | (c) IF YES, GIVE TIME OF FIRST MESSAGE<br>(Local or zone and description)   |           |
| 48. (a) TREATMENT ADMINISTERED<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | (b) IF YES, BY WHOM<br><br><input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Other<br>(Specify) |           |
| 49. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D.)                            |  |   |           |
| 50. (a) Name of Hospital, If Person was Hospitalized   |  | (b) Address of Hospital   |           |
| 51. Recommendations for Corrective Safety Measures Pertinent to this Casualty                  |  |   |           |
| 52. Date of Report   | 53. Submitted by (Print Name)          | 54. Signature   | 55. Title |



## OIL SPILL

1. Type of pollutant.
2. UN number/IMO hazard class (if applicable).
3. Type of packaging (if applicable).
4. Quantity on board.
5. Quantity lost.
6. Method of stowage and securing.
7. Where stowed and quantities in each compartment/container.
8. Tanks/spaces breached.
9. Tanks/spaces liable to be breached.
10. Action taken to prevent further loss.
11. Action taken to mitigate pollution.
12. Dispersant/neutralizer used, if any.
13. Restricting boom used, if any.

