



**PANAMA MARITIME AUTHORITY
DIRECTORATE GENERAL OF MERCHANT MARINE
MARINE ACCIDENT INVESTIGATION DEPARTMENT**

F-278
(DIAM)
V. 00



REPORT OF VESSEL CASUALTY OR ACCIDENT

Phone: (507)501-5039/87
Fax: (507) 501-5088
email: casualy@amp.gob.pa

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 <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) <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 <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2-5 Miles <input type="checkbox"/> Over 5 Miles	23. Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane	24. Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <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) <input type="checkbox"/> Radar (<input type="checkbox"/> S Band, or <input type="checkbox"/> X Band) <input type="checkbox"/> ARPA <input type="checkbox"/> Inoperative <input type="checkbox"/> Inoperative <input type="checkbox"/> Used <input type="checkbox"/> Used		29. Communications Equipment (check one or more of the following) <input type="checkbox"/> Radiotelephone <input type="checkbox"/> CW (Key) <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> in use with Other Vessels <input type="checkbox"/> In use with Shore Station <input type="checkbox"/> In use with Shore Stations <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used		
30. Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Rules of the Road Applicable at Time <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 <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	
IV. ASSISTANCE AND RECOMMENDATIONS			
47. (a) MEDICO (Medical) MESSAGE SENT	(b) IF YES, GIVE DATE OF FIRST MESSAGE	(c) IF YES, GIVE TIME OF FIRST MESSAGE (Local or zone and description)	
48. (a) TREATMENT ADMINISTERED <input type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, BY WHOM <input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Other (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