



INTERNATIONAL SHIP REGISTRY OF GABON
COMMISSIONAIRE OF MARITIME AFFAIRS

INTERSHIPPING SERVICES LLC.
OFFICE 601, AL SAWAN 1, AL RASHIDIYA 03, AJMAN, U.A.E P.O. BOX 4295
T: + 971 6 74 28 120 F: +971 6 744 1270
EMAIL : admin@intershippingservices.com
WEBSITE : www.intershippingservices.com

MARCIR: 04/2021

DATE: 29th July 2021

To : Representatives of Gabon flagged vessels, Deputy Registrars, Ship-owners & Ship-operators, Masters, Flag State Surveyors.

Subject: REPORT OF MARINE INCIDENT OR MARINE CASUALTY & REPORT OF PERSONAL INJURY OR LOSS OF LIFE FORMS

1. An original of ‘Report of Marine Incident or Marine Casualty’ shall be submitted to Gabon Maritime Administration as soon after the occurrence of the casualty as possible but not exceeding 24 hours.
2. The owner or Master of a Gabonese vessel involved in a marine casualty shall immediately advise the Commissioner, Deputy Commissioner, Technical Director by the fastest means possible, including telephone or other means of electronic communication, and shall promptly thereafter forward a report thereon, signed by the Master or highest available officer or ship’s representative to Gabonese Maritime Administration whenever the casualty results in any of the following:
 - a) Actual physical damage to property;
 - b) Loss of Life;
 - c) Material damage affecting the seaworthiness or efficiency of a vessel;
 - d) Stranding or grounding;
 - e) Injury causing any persons to remain incapacitated for a period in excess of 72 hours.
3. 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”.
4. 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.
5. The crew list and copy of valid statutory certificates should be attached to this form.



6. An additional form ‘Report of Personal Injury or Loss of Life’ is to be submitted for each person killed, injured and/or incapacitated not exceeding 72 hours as a result of the vessel casualty reported herein.
7. Form of Initial Reports. The report shall include the following information:
 - a) Name and official number of the vessel;
 - b) Type of vessel;
 - c) Name and address of the owner;
 - d) Date and time of the casualty;
 - e) Exact locality of the casualty, the nature of the casualty and the circumstances under which it took place;
 - f) If the casualty involves collision with another vessel, the name of such other vessel shall be provided;
 - g) Where the casualty involves personal injury or loss of life, the names of all persons injured or whose lives are lost shall be provided; and
 - h) Where damage to property is involved, the nature of the property damaged and the then estimate of the extent of the damage shall be supplied.
8. Voyage Records retention. The Owner or their appointed Operators/ Managers shall arrange to retain for two years the records of the vessel involved in a marine casualty, or until otherwise instructed by the Commissioner or a Deputy Commissioner, the complete records of the voyage upon which the casualty occurred, as well as any other material which might reasonably be of assistance in the investigation and determination of the cause and scope of the casualty. They shall make all such records and materials available, upon request, to the Commissioner, Deputy Commissioner or an Investigating Officer designated by the Commissioner.

Enclosed:

1. Annex I- REPORT OF MARINE INCIDENT OR MARINE CASUALTY
2. Annex II- REPORT OF PERSONAL INJURY OR LOSS OF LIFE



ANNEX I

REPORT OF MARINE INCIDENT OR MARINE CASUALTY

1. An original of this form shall be submitted to Gabon Maritime Administration 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. The crew list and copy of valid statutory certificates should be attached to this form.
5. An additional form (REPORT OF PERSONAL INJURY OR LOSS OF LIFE) is to be submitted for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

PART 1. VESSEL PARTICULARS

Vessel Name:		IMO Number:	
Vessel Flag:		Vessel Type:	
Port of Registry:		Call Sign:	
Year of Build:		Keel Laying Date:	
Country/City of Build:		Builder/Shipyard:	
Date of Conversion:		Place of Conversion:	
Hull Material:		Decks:	
Length:		Depth:	
Breadth:		Net Tonnage:	
Gross Tonnage:		Deadweight:	
Propeller Power (Kw):		Number of Engines:	
Engine Maker:		Type of Engines:	
Propulsion Type:	<input type="checkbox"/> Propelled / <input type="checkbox"/> Non-Propelled		
Dynamain Position Fitted:	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

PART 2. OWNERS AND BAREBOAT CHARTER(S) PARTICULARS

2.1 INDIVIDUAL OR COMPANY OWNER(S) PARTICULARS

	First (or only) Owner	Second Owner	Third Owner
Owner Name			
IMO ID			
Address			
Town/City			
Country			
Post/Zip Code			
Telephone			
Fax			
Email			
Ownership (100%)			



2.2 BAREBOAT CHARTERS

	First (or only) Bareboat Charterer	Second Bareboat Charterer	Third Bareboat Charterer
BBC Name			
IMO ID			
Address			
Town/City			
Country			
Post/Zip Code			
Telephone			
Fax			
Email			

PART 3. CLASSIFICATION AND RECOGNIZED ORGANIZATION

Classification Society:	
Recognized Organization:	

PART 4. INTERNATIONAL SAFETY MANAGEMENT (ISM)

Is ISM Applicable? Yes No Voluntary

Appointed RO to Issue ISM, DOC and SMC:	
---	--

4.1 ISM COMPANY DETAILS

ISM Company Name	
IMO ID	
Address	
Town/City	
Country	
Post/Zip Code	
Telephone	
Fax	
Email	

4.2 DESIGNATED PERSON ASHORE (DPA) DETAILS

Name:	
24 Hours Telephone	
Email	

4.3 ALTERNATE DESIGNATED PERSON ASHORE (ADPA) DETAILS

Name:	
24 Hours Telephone	
Email	

4.4 DESIGNATED PERSON (DP) DETAILS

(IN CASE OF VOLUNTARY ISM COMPLIANCE)

Name	
24 Hours Telephone	
Email	



4.5 ALTERNATE DESIGNATED PERSON (ADP) DETAILS
 (IN CASE OF VOLUNTARY ISM COMPLIANCE)

Name:	
24 Hours Telephone	
Email	

PART 5. INTERNATIONAL SHIP AND PORT SECURITY (ISPS)

Is ISPS Applicable? Yes No Voluntary

Appointed RO to Issue ISPS:

5.1 COMPANY SECURITY OFFICER (CSO) DETAILS

Name of CSO	
Address	
Town/City	
Country	
Post/Zip Code	
24 Hours Telephone	
Fax	
Email	

5.2 ALTERNATE COMPANY SECURITY OFFICER (ACSO) DETAILS

Name of Alternate CSO	
Address	
Town/City	
Country	
Post/Zip Code	
24 Hours Telephone	
Fax	
Email	

PART 6. MARITIME LABOUR CONVENTION, 2006 (MLC)

Is MLC Applicable? | Yes No Voluntary

Appointed RO to Issue MLC:

PART 7. MASTER OR PERSON IN CHARGE PARTICULARS

Master Name	
Master Surname	
Date of Birth	
License Grade:	
License Number:	
Citizenship	
Telephone	
Fax	
Email	



PART 8. MARINE INCIDENT OR MARINE CASUALTY PARTICULARS

Incident Date:		Local Time:	
Casualty Location:		Body of Water:	
Port of Departure: (if incident occurred underway)		Date of Departure:	
Scheduled Arrival Port:		Estimated Date of Arrival:	
Nature of Cargo (Dry, Bulk Liquid, Deck Cargo, etc.) and amounts in Tons			
Speed in knots prior to Casualty		Draft Forward and Aft	

CONDITIONS DURING INCIDENT			
Time of Day	Atmospheric Conditions		Visibility
Day Night Twilight	Clear/Partly Cloudy Overcast Fog	Rain Snow Other:	Less than 1 NM 1-2 NM 2-5 NM Over 5 NM
Wind Force:		Direction:	
Swell Height		Direction:	

Navigation Equipment (Check as applicable)	Radar	<input type="checkbox"/> Operational	<input type="checkbox"/> Used
	ARPA	<input type="checkbox"/> Operational	<input type="checkbox"/> Used
	ECDIS	<input type="checkbox"/> Fitted	<input type="checkbox"/> Primary Chart
		<input type="checkbox"/> Operational	

Communication Equipment (Check as applicable)	Radiotelephone	<input type="checkbox"/> In use with other vessels
		<input type="checkbox"/> In use with shore stations
		<input type="checkbox"/> Not Used
	DSC Alert	<input type="checkbox"/> Transmitted
		<input type="checkbox"/> Acknowledge by another vessel
		<input type="checkbox"/> Acknowledge by Shore Station

Voyage Data Records (VDR / SVDR)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Manufacturer / Model		

Rules of the Road Applicable at Time of Casualty	<input type="checkbox"/> International/COLREG
	<input type="checkbox"/> Other (Specify):

Deck Officer on Duty at time of Incident	
Name:	
License Grade:	
License Number:	



Engineer Officer on Duty at time of Incident		
Name:		
License Grade:		
License Number:		
In UMS Mode	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 9. NATURE OF INCIDENT OR CASUALTY (CHECK ONE OR MORE AS APPLICABLE)

<input type="checkbox"/>	Collision with another Vessel(s): Provide Name and Flag of other vessels:
	Other Vessel Name: _____ Vessel Flag: _____
	Other Vessel Name: _____ Vessel Flag: _____
	Other Vessel Name: _____ Vessel Flag: _____
<input type="checkbox"/>	Contact with Floating, submerged, or fixed Object: Please specify:
<input type="checkbox"/>	Fire / Explosion
<input type="checkbox"/>	Main Engine Malfunction / Failure
<input type="checkbox"/>	Over-pressurization / Implosion
<input type="checkbox"/>	Ice Damage
<input type="checkbox"/>	Grounding / Stranding
<input type="checkbox"/>	Steering Malfunction / Failure
<input type="checkbox"/>	Sinking
<input type="checkbox"/>	Machinery Damage (auxiliaries, boilers, electrical)
<input type="checkbox"/>	Loss of Stability / Compromised Stability
<input type="checkbox"/>	Material Damage (ship structure)
<input type="checkbox"/>	Flooding
<input type="checkbox"/>	Critical Equipment Failure / Damage (Lifesaving, etc)
<input type="checkbox"/>	Heavy weather Damage
<input type="checkbox"/>	Environmental Incident
<input type="checkbox"/>	Other incident / Casualty (Describe)

PART 10. CAUSE OF INCIDENT/CASUALTY (CHECK ONE OR MORE AS APPLICABLE)

<input type="checkbox"/>	Personnel Fault
<input type="checkbox"/>	Failure to comply with Regulations
<input type="checkbox"/>	Failure to obtain ship's position or course
<input type="checkbox"/>	Improper watchkeeping or lookout
<input type="checkbox"/>	Improper maintenance
<input type="checkbox"/>	Incorrect operation
<input type="checkbox"/>	Failure to secure closing arrangements
<input type="checkbox"/>	Improper stowage of cargo
<input type="checkbox"/>	Improper loading or overloading
<input type="checkbox"/>	Incorrect ballasting
<input type="checkbox"/>	Negligence
<input type="checkbox"/>	Illicit smoking or use of smoking materials or uncontrolled use of heat source
<input type="checkbox"/>	Inadequate training



<input type="checkbox"/>	Unable to fulfil duties
<input type="checkbox"/>	Other:

	Failure of ship, its machinery or equipment
<input type="checkbox"/>	Propulsion machinery
<input type="checkbox"/>	Essential ancillary
<input type="checkbox"/>	Steering gear
<input type="checkbox"/>	Navigational or communication equipment
<input type="checkbox"/>	Closing arrangements
<input type="checkbox"/>	Structural failure
<input type="checkbox"/>	Hull fittings or shaft seals
<input type="checkbox"/>	Subdivision arrangements
<input type="checkbox"/>	Bilge pumping
<input type="checkbox"/>	Spontaneous combustion
<input type="checkbox"/>	Component failure
<input type="checkbox"/>	Other:

Not related to ship	
<input type="checkbox"/>	Force of wind, tide or current
<input type="checkbox"/>	Failure to provide instructions, charts or nautical publications
<input type="checkbox"/>	Failure of aids to navigation
<input type="checkbox"/>	Uncharted obstruction
<input type="checkbox"/>	Weather damage
<input type="checkbox"/>	Faulty design or construction
<input type="checkbox"/>	Blame (in whole or part) attributed to third party
<input type="checkbox"/>	Arson
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other:

PART 11. PERSONNEL

	Crew	Passenger	Other	Totals
Number on Board				
Number Known Dead				
Number Missing				
Number Injured				

PART 12. ENVIROMENTAL INCIDENTS (COMPLETE ONLY FOR ACTUAL OR POTENTIAL RELEASES)

Bunkers:	Ship's Stores:	Cargo:
Other (Specify):		
Material Released:		
Quantity (m3/tonnes):		
Is Vessel a total loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



PART 13. DESCRIPTION OF CASUALTY – PLEASE DESCRIBE WHAT HAPPENED, INCLUDING THE SEQUENCE OF EVENTS LEADING TO THE CASUALTY. ATTACHED DIAGRAM AND ADDITIONAL SHEETS IF NECESSARY.

PART 14. VESSEL OPERATOR’S INVESTIGATION / REVIEW

<input type="checkbox"/> Not Planned	<input type="checkbox"/> In Progress	<input type="checkbox"/> Completed
--------------------------------------	--------------------------------------	------------------------------------

Note: Completion of section 14 and 15 are not necessary at this time if the Operator’s Investigation is in progress. The information can be submitted to International Ship Registry of Gabon once the investigation is completed.

PART 15. CASUALTY ANALYSIS / LESSONS LEARNED PLEASE DESCRIBE WHY THE CASUALTY HAPPENED AND LESSONS LEARNED. ATTACHED ADDITIONAL SHEETS IF NECESSARY.

PART 16. CORRECTIVE / PREVENTIVE ACTIONS PLEASE DESCRIBE CORRECTIVE ACTIONS TAKEN AFTER THE INCIDENT AND/OR THOSE THAT ARE PLANNED TO BE TAKEN IN ORDER TO PREVENT SIMILAR INCIDENTS AS WELL AS ANY RECOMMENDATIONS FOR THE ADMINISTRATOR.

DATE OF REPORT:	
SUBMITTED BY (PRINT NAME):	
SIGNATURE / SEAL:	
TITLE:	



ANNEX II

REPORT OF PERSONAL INJURY OR LOSS OF LIFE

INSTRUCTIONS	
<p>1. An original of this form shall be submitted to the Gabon Maritime Administration as soon as possible after the occurrence of the incident.</p> <p>2. This form must be completed in full. Entries not relating to the case should be filled as N/A.</p>	<p>3. This form should be completed by the Master or supervisor, or if neither is available, by the owner or his duly authorized agent.</p> <p>4. Crew list should be submitted together with this form. Attach an additional Form PI for each person injured or loses life as a result of the incident reported herein.</p>

1. VESSEL PARTICULARS			
Vessel Name	Official Number	Type of Vessel	
Name of Owner			
Name of Ship manager			
Telephone	Facsimile	Mobile	Email

2. PARTICULARS OF THE INJURED, DECEASED OR MISSING			
Name	Date of Birth	Nationality	Capacity on vessel
Home Address		Seaman Book or Passport No	
		Name of Immediate Supervisor at Time of Incident / Casualty	
Activity Engaged in at Time of Incident / Casualty		Supervisor's capacity or Status on vessel	
		If Crew Member or Shore Worker <input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other	

3. DETAILS OF THE INCIDENT / CASUALTY			
Date of Incident	Time of Incident (local or UTC)	Last Port of Departure	Date of Departure
Location of Vessel at time of Incident (Port, country, and coordinates)		Port to which bound	Date of Expected Arrival



Geographical Name of Body of Water (at open sea)		
--	--	--

Result of Incident <input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Others (specify): (Complete INJURY or DEATH entries below, as appropriate)		
Nature of Injury (description of injury)		Total Days Incapacitated (for injury)
Cause of Death	Location of Individual at Death	Date of Death
Description of Incident (Give events leading to the incident and how it occurred. Attach drawings and additional sheets, if required)		
Witnesses to the Incident		
Name (1)	Address/ Contact (1)	
Name (2)	Address/ Contact (2)	

4. ASSISTANCE RECEIVED & RECOMMENDATIONS

MEDICO (Medical) Message Sent <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please state Date of First Message	If Yes, please state Time of First Message	
Treatment Administered <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, By Whom <input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Others (specify)		
Brief Description of Treatment Administered (if not administered by Medical Doctor)			
Name of Hospital (if hospitalized)			
Address of Hospital			
Recommendations for Corrective Safety Measures Pertaining to this Incident:			
Date of Report	Name of Person Submitting	Designation	Signature