|  |  |
| --- | --- |
| Ship: |  |
| Name reporter: |  |
| Function on board: |  |
| Date report: |  |
| Date/time accident: |  |
|  |  |

# **Accident registration form – first report**

|  |
| --- |
| Type of accident: |
|  | Accident with absence |  | Medical |
|  | Accident without absence |  | Damage (fire/environment/material damage) |
|  | Accident with lethal consequences |  | Unsafe situation/action |
|  | Near accident  |  |  |
|  |  |  |  |

|  |
| --- |
| Short description of the incident: |
|  |

|  |
| --- |
| Short description of the consequences of the incident: |
|  |

|  |  |
| --- | --- |
| Name victim: |  |
| Date of birth victim: |  |
| Function on board: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has there been contact with the radio medical service about the incident? |  | Yes |  | No |
| What was the advice of the radio medical service? |
|  |
| Is repatriation of the victim necessary? |  | Yes |  | No |
| If yes, where can the victim be repatriated? |  |

To be completed by the office:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Reference number incident:  | Reported by: | Date: | Time: |
|  | Shipping Inspectorate: |  |  |  |
|  | P&I club: |  |  |  |
|  | Insurers: |  |  |  |
|  | Family victim: |  |  |  |
|  | Management: |  |  |  |
|  | Employer/employment agency: |  |  |  |