

# MARINE ACCIDENT REPORT Under the provisions of Law 4033/2011 (Official Government Gazette A' 264)

Ref. No.:

Date:

(For official use)

According to the provisions of article 6 of Hellenic Law 4033/2011 (A' 264), the <u>shipowner</u>, or the <u>manager</u>, or the <u>agent</u>, or the <u>master</u> of a vessel is obliged to inform immediately the Hellenic Bureau for Marine Casualties Investigation (HBMCI) whenever an incident occurs that comes under the scope of the above mentioned Law.

Reporting may be achieved by telephone during working days and hours. On non-working days and hours reporting a marine accident should be carried out through e-mail.

After the initial report about the incident, the following document has to be completed with the relative data and sent to our premises, by e-mail or FAX.

Providing all necessary data aims exclusively in aiding HBMCI to collect information for marine safety purposes and is not relevant to any legal liability or blame by the person who completes this form or any other person and cannot be used as an indication or evidence during blame and liability attribution.

#### **Hellenic Bureau for Marine Casualties Investigation**

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| TABLE I – GENERAL INF                                | ORMATIO   | ON            |                      |                             |                |            |  |
|------------------------------------------------------|-----------|---------------|----------------------|-----------------------------|----------------|------------|--|
| NAME OF VESS                                         |           |               |                      |                             |                |            |  |
| TYPE OF VESSEL<br>(M/T, RO-RO, C/V etc)              |           |               |                      |                             |                |            |  |
| FLAG OF VESSE                                        |           |               |                      |                             |                |            |  |
| PORT OF REGISTRY-R<br>No                             | EGISTRY   |               |                      |                             |                |            |  |
| NO                                                   |           |               |                      |                             | TIME OF ACCID  | ENT        |  |
| DATE OF ACCIDE                                       | NT        |               |                      | UTC                         |                |            |  |
|                                                      |           |               |                      | LOCAL<br>TIME               |                |            |  |
| TYPE OF ACCIDE (COLLISION, FIRE, EXPLO               | OSION,    |               |                      |                             |                |            |  |
| PLACE OF ACCIDENT (                                  | INCLUDING |               |                      |                             |                |            |  |
| TRAFFIC SEPARATION (If applicable)                   | SCHEME    |               |                      |                             |                |            |  |
|                                                      |           | WEATHE        | R CONDITIO           | ONS (According              | Annex)         |            |  |
| NATURAL LIGHT                                        | VISI      | <u>BILITY</u> | SEA STATE            |                             | WIND DIRECTION | WIND FORCE |  |
|                                                      |           |               |                      |                             |                |            |  |
| CLEAR                                                | OVER      | CAST          | RAIN                 |                             |                |            |  |
| FOG                                                  | SNOW      |               | OTHER                | (PLEASE SPEC                | IFY)           |            |  |
|                                                      |           |               |                      | ISEQUENCES<br>OWING OPTIONS |                |            |  |
| LOSS OF LIFE                                         |           |               | SONS - NAT           |                             | ,              |            |  |
| ☐ MISSING                                            |           |               |                      |                             |                |            |  |
| INJURY (No of days of incapacitation, if applicable) |           |               | SONS - NAT           | IONALITY                    |                |            |  |
| ☐ TOTAL LOSS OF VESSEL ☐ SEM                         |           | I-SINKING C   | OF VESSEL            | CA                          | PSIZING        |            |  |
| ☐ PERMANENT LIST                                     |           | ☐ VES         | ☐ VESSEL ABANDONMENT |                             |                |            |  |

| LOSS OF PROPULSION                                                                                | LOSS OF POWER                          |             | LOSS OF RUDDER CONTROL          |
|---------------------------------------------------------------------------------------------------|----------------------------------------|-------------|---------------------------------|
| ☐ WATER INGRESS                                                                                   | ☐ PROGRESSIVE ☐ MASSIVE ☐ UNDER CONTRO | L           | VESSEL'S COMPARTMENTS AFFECTED  |
|                                                                                                   | ☐ NOT UNDER CON                        |             |                                 |
| ☐ HULL DAM                                                                                        |                                        |             | MAGES TO OTHER SPACES OF VESSEL |
| POLLUTION                                                                                         | POLLUTION                              | TYPE        | QUANTITY                        |
|                                                                                                   | NOTHING                                | OF THE ABOV | E                               |
| AREA OF VESSEL WHERE THE ACCIDENT OCCURED                                                         |                                        |             |                                 |
| DESCRIPTION OF EVENTS<br>LEADING TO THE ACCIDENT                                                  |                                        |             |                                 |
| DESCRIPTION OF DAMAGES TO<br>THE VESSELS AND OTHERS<br>(Please provide photo material, if exists) |                                        |             |                                 |
| PROVIDE YOUR OPINION WHY THE ACCIDENT HAPPENED                                                    |                                        |             |                                 |
| ACTIONS TAKEN OR RECOMMENDED AFTER THE ACCIDENT (what/by whom)                                    |                                        |             |                                 |

| TABLE II –DETAILS OF VESSEL AND SHIPOWNERS OR MANAGERS   |                               |             |                                     |       |                                                         |         |                            |       |
|----------------------------------------------------------|-------------------------------|-------------|-------------------------------------|-------|---------------------------------------------------------|---------|----------------------------|-------|
| SHIPOWNER-MANAGER DETAILS                                |                               |             |                                     |       |                                                         |         |                            |       |
| SHIPOWNER DETAIL                                         | _S 🔲                          |             |                                     |       |                                                         |         |                            |       |
| ADDRESS                                                  |                               |             |                                     |       |                                                         |         |                            |       |
| TELEPHONE No<br>FAX No                                   | )                             | MA          | MASTER                              |       | VESSEL                                                  |         | MANAGER                    | AGENT |
| EMAIL                                                    |                               |             |                                     |       |                                                         |         |                            |       |
|                                                          |                               |             | VESS                                | SEL D | ETAILS                                                  |         |                            |       |
| IMO No                                                   |                               |             |                                     |       |                                                         | CALL    | . SIGN                     |       |
| LENGTH                                                   |                               | OVERAL<br>L | BETWE PP                            | EN    |                                                         | TONNAGE |                            |       |
| LLNOTTI                                                  |                               |             |                                     |       | PROPULSION TYPE (motor, sail, hydrojet, etc.)           |         |                            |       |
| BREADTH                                                  |                               |             |                                     |       | DEADWEIGHT<br>(FOR M/T)                                 |         |                            |       |
| DATE OF DELIVERY                                         |                               |             |                                     |       | н                                                       | JLL M   | IATERIAL                   |       |
| CLASSIFICATION SOC                                       | CIETY                         |             |                                     |       | T\                                                      | /PE O   | F CLASS                    |       |
| No OF CREW<br>(Please attach crew li                     | st)                           |             |                                     |       | _                                                       | _       | ASSENGER<br>assenger List) |       |
| SEA AREA CERTIFIED OPERATE (According to vessel's certif | SEA AREA CERTIFIED TO OPERATE |             |                                     |       | TOTAL No OF PERSONS (According to vessel's certificate) |         |                            |       |
|                                                          |                               |             | VOYA                                | AGE D | DETAILS                                                 |         |                            |       |
| LAST PORT OF CALL                                        |                               |             | PORT O<br>DESTINAT                  |       |                                                         |         |                            |       |
| TIME AND DATE OF<br>SAILING (Local)                      |                               |             | CARGO DETAI<br>(Type-quantity)      |       |                                                         |         |                            |       |
|                                                          |                               | YES         | MANUFACTU                           |       | URER                                                    |         |                            |       |
| VDR                                                      |                               |             | - TYPE-MOD                          |       | DEL                                                     |         |                            | <br>  |
| (Voyage Data Recorder)                                   | □NO                           |             | HAS THE VDR DATA ( THE ACCIDENT BEE |       | T BEEN                                                  |         | ☐ YES ☐ NO                 |       |

| TABLE III –ADDITIONAL INFO                                                                  | RMATION                  |            |                    |  |  |
|---------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|--|--|
| DETAILS OF VESSELS IN THE AT THE TIME OF THE ACCIDE                                         |                          |            |                    |  |  |
| DETAILS OF VESSELS PROV                                                                     | IDED                     |            |                    |  |  |
| DETAILS OF PERSONS (BE PERSONS DIRECTLY INVOINMENT WHO MAY HAVE ADDITION ABOUT OCCURENCE    | VED)                     |            |                    |  |  |
| TABLE IV –DETAILS OF PERSO                                                                  | NS                       |            |                    |  |  |
| ]                                                                                           | ETAILS OF PERSON WHO     | COMPLETE   | THIS REPORT        |  |  |
| NAME                                                                                        |                          |            | DATE               |  |  |
| POSITION                                                                                    |                          |            |                    |  |  |
| CONTACT DETAILS                                                                             | TEL. No. :               |            |                    |  |  |
| CONTACT DETAILS                                                                             | MOBILE No:               |            |                    |  |  |
| E-MAIL                                                                                      |                          |            |                    |  |  |
| ALL INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE (Please tick box) |                          |            |                    |  |  |
|                                                                                             |                          |            |                    |  |  |
| DE                                                                                          | TAILS OF DESIGNATED PER  | RSON ASHO  | RE (If applicable) |  |  |
| NAME                                                                                        |                          |            |                    |  |  |
| CONTACT DETAILS                                                                             | TEL. No. :               |            |                    |  |  |
| CONTINUE DE TAILES                                                                          | MOBILE No:               |            |                    |  |  |
| E-MAIL                                                                                      | E-MAIL                   |            |                    |  |  |
|                                                                                             |                          |            |                    |  |  |
|                                                                                             | DETAILS OF VESSEL'S SAFE | TY OFFICER | (If applicable)    |  |  |
| NAME                                                                                        |                          |            |                    |  |  |
| CONTACT DETAILS                                                                             | TEL. No. :               |            |                    |  |  |
| CONTACT DETAILS                                                                             | MOBILE No:               |            |                    |  |  |
| E-MAIL                                                                                      |                          |            |                    |  |  |

## **INFORMATION TABLE FOR INJURED PEOPLE**

| NAME<br>SURNAME | NATIONALITY | AGE | STATURE/RANK<br>(CREW, PASSENGER<br>etc) | INJURY DESCRIPTION | CONTACT DETAILS (HIS/HERS OR NEXT OF KIN) |
|-----------------|-------------|-----|------------------------------------------|--------------------|-------------------------------------------|
|                 |             |     |                                          |                    |                                           |
|                 |             |     |                                          |                    |                                           |
|                 |             |     |                                          |                    |                                           |
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|                 |             |     |                                          |                    |                                           |
|                 |             |     |                                          |                    |                                           |
|                 |             |     |                                          |                    |                                           |
| _               |             |     |                                          |                    |                                           |

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#### **ANNEX**

#### (Information on how to complete certain brackets in Table I. NOT TO BE RETURNED)

#### **WIND FORCE (BEAUFORT SCALE)**

| Force   | Description  | Equivalent speed in Knots | Mean speed in<br>Knots | Equivalent speed in m/sec | Equivalent<br>speed in<br>Km/h | Specification                                                                                                                                                                                                                                                                                       |
|---------|--------------|---------------------------|------------------------|---------------------------|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 0       | Calm         | 00                        | 00                     | 0 - 0,2                   | 01                             | Sea like a mirror                                                                                                                                                                                                                                                                                   |
| 1       | Light Air    | 01 - 03                   | 02                     | 0,3 - 1,5                 | 01 - 05                        | Ripples with the appearance of scales are formed, but without foam crests.                                                                                                                                                                                                                          |
| 2       | Light breeze | 04 - 06                   | 05                     | 1,6 - 3,3                 | 06 - 11                        | Small wavelets, still short, but more pronounced. Crests have a glassy appearance and do not break.                                                                                                                                                                                                 |
| 3       | Gentle       | 07 - 10                   | 09                     | 3,4 - 5,4                 | 12 - 19                        | Large wavelets. Crests begin to break. Foam of glassy appearance. Perhaps scattered white horses.                                                                                                                                                                                                   |
| 4       | Moderate     | 11 - 16                   | 13                     | 5,5 - 7,9                 | 20 - 28                        | Small waves, becoming larger; fairly frequent white horses.                                                                                                                                                                                                                                         |
| 5       | Fresh        | 17 - 21                   | 19                     | 8,0 - 10,7                | 29 - 38                        | Moderate waves, taking a more pronounced long form; many white horses are formed. Chance of some spray.                                                                                                                                                                                             |
| 6       | Strong       | 22 - 27                   | 24                     | 10,8 - 13,8               | 39 - 49                        | Large waves begin to form; the white foam crests are more extensive everywhere. Probably some spray.                                                                                                                                                                                                |
| 7       | Near Gale    | 28 - 33                   | 30                     | 13,9 - 17,1               | 50 - 61                        | Sea heaps up and white foam from breaking waves begins to be blown in streaks along the direction of the wind.                                                                                                                                                                                      |
| 8       | Gale         | 34 - 40                   | 37                     | 17,2 - 20,7               | 62 - 74                        | Moderately high waves of greater length; edges of crests begin to breakinto spindrift. The foam is blown in well-marked streaks along the direction of the wind.                                                                                                                                    |
| 9       | Strong gale  | 41 - 47                   | 44                     | 20,8 - 24,4               | 75 - 88                        | High waves. Dense streaks of foam along the direction of the wind. Crests of waves begin to topple, tumble and roll over. Spray may affect visibility.                                                                                                                                              |
| 10      | Storm        | 48 - 55                   | 52                     | 24,5 - 28,4               | 89 - 102                       | Very high waves with long over-hanging crests. The resulting foam, in great patches, is blown in dense white streaks along the direction of the wind. On the whole the surface of the sea takes on a white appearance. The 'tumbling' of the sea becomes heavy and shock-like. Visibility affected. |
| 11      | Violent      | 56 - 63                   | 60                     | 28,5 - 32,6               | 103 - 117                      | Exceptionally high waves (small and medium-size ships might be for a time lost to view behind the waves). The sea is completely covered with long white patches of foam lying along the direction of the wind. Everywhere the edges of the wave crests are blown into froth. Visibility affected.   |
| 12      | Hurricane    | 64 and above              |                        | 32,7 and above            | 118 and above                  | The air is filled with foam and spray. Sea completely white with driving spray; visibility very seriously affected.                                                                                                                                                                                 |
| Unknown |              | J                         | J                      | J                         |                                | ,                                                                                                                                                                                                                                                                                                   |

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#### **SEA STATE (DOUGLAS SCALE)**

| 0       | Calm glassy  | 00 m         |  |
|---------|--------------|--------------|--|
| 1       | Calm rippled | 0 – 0.1 m    |  |
| 2       | Smooth       | 0.1 – 0.5 m  |  |
| 3       | Slight       | 0.5 – 1.25 m |  |
| 4       | Moderate     | 1.25 – 2.5 m |  |
| 5       | Rough        | 2.5 – 4.0 m  |  |
| 6       | Very rough   | 4.0 – 6.0 m  |  |
| 7       | High         | 6.0 – 9.0 m  |  |
| 8       | Very high    | 9.0 – 14.0 m |  |
| 9       | Phenomenal   | +14.0 m      |  |
| Unknown |              |              |  |

#### **VISIBILITY**

| Very poor | Vis. < 0.5 nm        |
|-----------|----------------------|
| Poor      | 0.5 ≤ Vis. ≤ 2.0 nm  |
| Moderate  | 2.0 ≤ Vis. ≤ 5.0 nm  |
| Good      | 5.0 ≤ Vis. ≤ 25.0 nm |
| Very good | Vis. ≥ 25.0 nm       |
| Unknown   |                      |

### <u>LIGHT</u>

| Daylight |
|----------|
| Twilight |
| Night    |
| Unknown  |