ST KITTS & NEVIS
INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05
Department of Maritime Affairs, Ministry of Public Works, Utilities, Transport and Posts

CASUALTY REPORT FORM

IMPORTANT : This Return should be forwarded by the fastest mode of communication available without delay e.g Email/Fax to:

St. Kitts & Nevis International Ship Registry
West Wing, York House
48-50 Western Road
Romford
Essex
RM1 3LP

CASUALTY REPORT FORM

St. Kitts and Nevis International Ship Registry requires the Master to report damage sustained by or accidents caused to a St. Kitts and Nevis registered vessel that results in:
1) Loss of Life
2) Total Loss of the Vessel
3) Serious Injury
4) Material Damage Affecting the Vessel's Seaworthiness
5) Machinery or Hull Damage Affecting the Vessel's Efficiency

Under Section 422 of the Merchant Shipping Act 1976, the Ministry of Public Works, Utilities, Transport & Posts may hold a Preliminary Investigation into any casualty, therefore the following should also be reported:

6) Any Damage to another Ship
7) Any Damage Caused by the Ship
8) Stranding or Grounding of Ship
9) Abandonment of Ship

St. Kitts and Nevis International Ship Registry require Passenger and Cargo ships to report **any accident or defect which is discovered** which affects any of the following *(these must also be reported to the Port State as required):*

10) The Safety of the Ship
11) Integrity of the Ship
12) The Safety of the Crew
13) The Efficiency of the Ships Equipment
14) The Completeness of the Ships Equipment
15) The Ships Safety Equipment
16) Mandatory Environmental protection/anti-pollution Equipment

HOW TO REPORT/WHAT TO REPORT
By the fastest mode of communication available, (preferably by ship's fax /email). Complete this form in as much detail as possible. Depending on the information in the report, we may require further information.

POLLUTION INCIDENTS
Must also be reported to the Coastal State.

All sections of this form should be completed.

Section A

Date of Incident | Day   Month   Year

Time of Incident

(State whether UTC (GMT) or local time)

Name of Vessel

Official Number

Name and Address of Owner or Manager

Name, IMO Number and Port of Registry or Nationality of any other vessel involved.

Tel No/ Fax/ Email

Section B

Date and Time of Departure from the Last Port

Voyage Details

From:

To:

Location of Incident (E.g Latitude and Longitude or name of Port, or other geographical reference)

Weather and Visibility at the time of the Incident

Type of Incident (Please Tick Appropriate Boxes)

Collision or Contact	
Standing or Grounding	
Fire or Explosion	
Failure of Hull/ Water Tight Dorrs/ Ports, etc	
Machinery Damage	
Damages to Ship or Equipment	
Capsizing or Listing	
Missing – Assumed Lost	
Loss of Life/ Death	
Serious Injury	
Other	

Section C -   Details of Person(s) Killed or Injured

Location of Incident (E.g Engine Room, Galley, etc)

Position (E.g Passenger)	Injured Part of Body	Age	Nature of Injury	*Hours Worked before Incident	*Duration of Duty Period	On Duty at the time of the Incident	
						Yes ( )	No ( )
						Yes ( )	No ( )
						Yes ( )	No ( )
						Yes ( )	No ( )

If more than 4 persons, use an attachment sheet   * For Operational Staff Only

Section D

Please Give a Brief Description of the Sequence of Events Leading to the Incident (Use additional sheets as required)

Section E

1. Please state how you think the incident happened.

2. Has any action been recommended by you as a result, and if so, what?

3. Has any action been taken and if so, what?

Section F

Master / Owner's Representative (Delete as Applicable)

Signed

Name and
Position / Rank

Date

Please PRINT

If there is insufficient space in any part of this form for your answers or comments, please use a plain sheet of paper as a continuation sheet, number it in sequence and fasten securely to this form.

Please state clearly which sections are being expanded.

Additional sheet(s) attached: Yes ( ) No ( ) If Yes, state number: