



ANNEX 5- Harbour Incident and Accident Reporting Form

What is this form for-

This common reporting form is to be used for Maritime incidents that occur in or close to the water of ABP Southampton, The Queen's Harbour Master Portsmouth, Portsmouth international Port, Cowes Harbour Commissioners, Langstone Harbour and Newport Harbour.

How to complete the form-

The form can be used to report all types of incident or accident, near miss or potential risk. Section 1-3 and 11 must be completed follow by the relevant section for the type of incident.

Once the Form is Completed-

Please forward it to the Harbour Master in whose area the incident occurred.

Provenance-

This Form replaces all existing report form in use by the port authorities mentioned above

This is to be completed alongside the IOW Council Workrite Accidents / Incidents Form

Section 1- Type of Incident – Please circle

Collision Grounding Striking Loss of Anchor Pollution
Accident/ Near Miss/Potential Risk Other (Specify)

Use most relevant and then the free text at section 11.

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newport.harbour@iow.gov.uk

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Section 2 – Personal Details

Name	
Address:	
Phone Number	
Email Address	
Witness Details (if applicable)	
Address:	
Phone Number	
Email Address	

Section 3 – General Details:

Ship Name			
Date of incident (dd/mm/yyyy)			
Time of incident (24 hr clock)			
Position of incident.	Lat:	Long:	
	Range:	Brg:	From:
Direction and rate of tidal stream			
Wind speed / direction (Beauford)			
Sea state (Beauford)			
Visibility (in miles)			
GRT/NRT			
Length/ beam/draught (metres)			
Owners name/ address			
Agent name and telephone No			
Destination Port			
Source of position information			
Datum selected in GPS			
Chart Positions Retained	Yes	No	
Actions taken after incident (own)			
Actions taken after incident (other)			
Written statement from master	Yes	No	

Please sign and date this section and complete the appropriate section as applicable and section 11:

Name:	Date:	Signature:

Office Use only:

Name:	Date:	Signature:
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Section 4 - Close Quarters Situation:

Name of the other vessel / object	
Shipping heading at time of incident	
Type of lookout Maintained	
Speed/ engine Setting	
Bridge Control	
Bow/Stern thrusters in use	
Steering mode (auto/manual/NFU)	
Compass in use (mag/gyro etc,)	
Time/range the other vessel was first seen	
Estimated course/speed of the other vessel	
True course steered at incident	
Estimated course/speed of the other vessel	
True course steered at incident	
Length of time on this course	
Light/signals displayed (both vessels)	
Sound signals (both vessels)	
Use of VHF	
Use of engines	
Course alterations (own vessel)	
Course alterations (the other vessel)	
Other authorities contacted	Time:
	Time:
List relevant machinery/ equipment defects	
Describe any unusual handling characteristics	

Please sign and date this section and continue to section 11:

Name:	Date:	Signature:
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Section 6 – Striking/Impact/Collision:

Object struck			
Ship's heading at time of incident			
Length of time on this course			
Previous true course steered			
Own speed at time of incident			
Estimated course/speed of the other vessel			
Previous course/speed of the other vessel			
Own main engine propulsion			
Propeller(s)	Type:	How Many:	Rotation:
Rudders	Type/number		
Own engine(s) setting			
Engine movements prior to collision			
Bridge Control	Yes	No	
Bow/Stern thrusters in use	Yes	No	
Steering mode (auto/manual/NFU)			
Compass in use (mag/gyro etc.)			
Tug in use	Name:		
	Positions & Orientation:		
Other authorities contacted		time	
		time	
Visual signals made (own ship)			
Sound Signals (own ship)			
Was tug being watched			
Use of VHF (channel and contents)			
Cargo/Dangerous substance carried			
Pollution			
List relevant machinery/ equipment / defects / handling characteristics			

Please sign and date this section and continue to section 11:

Name:	Date:	Signature:
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Section 7 - Loss of Anchor and Cable:

Position of lost anchor/cable			
Ship's heading at time of incident			
At anchor or underway			
Speed at time of incident			
Main engine propulsion			
Propeller(s)	Type:	How Many:	Rotation:
Rudders	Type/number		
Bow/stern thrusters fitted			
Engine(s) setting			
Bridge control			
State which anchor involved			
Amount/size of cable lost			
Slipped or parted (state)			
If slipped why?			
If anchoring, how much cable was on deck prior to letting go			
Other authorities contacted			time
			time
List relevant machinery/ equipment / defects /			

Please sign and date this section and continue to section 11:

Name:	Date:	Signature:
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Section 8 – Pollution:

Type of Pollution	
Cause of pollution	
Estimated of amount of pollutant spilled	
Geographic extent of pollution	
Fuel Grade	
Immediate actions taken	
Other authorities contacted	time
	time
Type of response equipment used	
Extent of any damage to vessel	

Please sign and date this section and continue to section 11:

Name:	Date:	Signature:
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Section 9- Accident report:

Person Reporting the Accident:

Title/ Rank Name:

Address:

Occupation:

The Person having the Accident:

Title/ Rank Name:

Address:

Occupation:

About the accident:

Where did it happen?

What time did it happen

How did it happen?

Details of any injuries:

Please sign and date this section and continue to section 11:

Name:	Date:	Signature:
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Section 10 – Potential Risk Report:

Person Reporting the Accident: _____

Title/ Rank: Name:

Address:

Email address:

Telephone Number:

Details of Risk:

Date/Time:

Location:

Weather/tide

Description of Risk

Please sign and date this section and complete the appropriate section as applicable and section 11:

Name:	Date:	Signature:
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Office Use only:

Name:	Date:	Signature:
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Section 11 – Free Text Report:

Describe in your own words how the incident developed.

Please use any charts, drawings, sketches, Photographs of other evidence that may assist in recreating the event and use additional blank sheets if required.

The description should include:

- A factual narrative of the events including cause (and timing if possible)
- Any material damage sustained
- Any pollution
- Any actions you have taken or recommendation you and others might have.
- Details of any injuries sustained.

If there is insufficient space above to complete your description, Please use additional sheets and fasten them securely to this form.

Number of continuation sheet:

Please sign and date this section

Name:	Date:	Signature:
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Office Use only:

Name:	Date:	Signature:
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Section 12 – Leisure/Recreational Incident Report

Title/ Rank:	<input style="width: 30px; height: 20px;" type="text"/>	Name:	<input style="width: 95%; height: 20px;" type="text"/>	Address:
Telephone Number:			<input style="width: 95%; height: 20px;" type="text"/>	
Email address:			<input style="width: 95%; height: 20px;" type="text"/>	

Type of Incident:

Date of incident (dd/mm/yyyy) Time of incident (24 hr clock)

Position of incident

Lat: Long:
Range: Brg: From:

Name of vessel involved
length
tide

Type of vessel involved
Under power/sail etc.

Description of Incident

Describe in your own words what happened and include charts, drawings, sketches and photographs to support your description,

It should include:

- A factual and if possible timed narrative of the event:
- Details of any pollution
- Details of any damage sustained
- Details of any injuries

If there is insufficient space above to complete your description,
Please use additional sheets and fasten them securely to this form.

Number of continuation sheet:

Please sign and date this section

Name:	Date:	Signature:
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Office Use only:

Name:	Date:	Signature:
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