

**(This form located in RLM-260, Annex 10.1 Form RLM-109, Report of Vessel Casualty or Accident.**



**OFFICE OF THE DEPUTY COMMISSIONER  
OF MARITIME AFFAIRS, R.L.  
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**REPORT OF VESSEL CASUALTY OR ACCIDENT**

**INSTRUCTIONS**

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| <p>1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.</p> <p>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."</p> <p>3. Dates should be filled in as yyyy/mm/dd.</p> | <p>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.</p> <p>5. Attach crew list to this form. Attach separate Form 109-1 to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.</p> |
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**I. PARTICULARS OF VESSEL**

1. Name of Vessel	2. Official Number	3. Year built	4. Gross Tonnage	5. Net Tonnage
6. Type of Vessel (See Note 1.)	7. Propulsion (See Note 2.)	8. Place Built		
9. Name of Owner		10. (a) Name, Address and Telephone of Managing Agent		
		10. (b) Class Society (Abbreviation):		
11. (a) Name of Master or Person In Charge	(b) Citizenship	(c) Date of Birth	(d) License Grade and Date of Issue	

**II. PARTICULARS OF CASUALTY**

12.(a) Date of Casualty	(b) Time(Local or Zone)	(c) Zone Description	(d) Time of Day
			<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
13. Geographical Location of Casualty (See Note 3.)		14. Geographical Name of Body of Water	
15.(a) If Casualty occurred underway, Port of Departure		(b) Date of Departure	(c) Port to Which Bound
16.(a) Nature of Cargo (Describe and give amounts in Long Tons)		(b) Amount Dry Cargo	(c) Amount Bulk Liquid
			(d) Amount Deck Cargo
17. Speed in Knots Prior to Casualty	18. True Course Prior to Casualty	19. Draft Forward	20. Draft Alt
21. Atmospheric Conditions at Time of Casualty (Check one or more of the following)			
<input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other (Specify)			
22. Distance of visibility <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2-5 Miles <input type="checkbox"/> Over 5 Miles	23. Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane	24. Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <input type="checkbox"/> High	25. Wind Direction
			26. Direction of Sea
			27. Direction of Swell
28. Navigation Equipment (Check one or more of the following)		29. Communications Equipment (check one or more of the following)	
<input type="checkbox"/> Radar    ( <input type="checkbox"/> S Band, or <input type="checkbox"/> X Band) <input type="checkbox"/> ARPA <input type="checkbox"/> VDR/S-VDR <input type="checkbox"/> operative <input type="checkbox"/> Inoperative <input type="checkbox"/> Install <input type="checkbox"/> Used <input type="checkbox"/> Used <input type="checkbox"/> Used <input type="checkbox"/> Data Secured?		<input type="checkbox"/> Radiotelephone <input type="checkbox"/> CW (Key) <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> In use with Shore Stations <input type="checkbox"/> In use with Shore Stations <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used	
30. Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Rules of the Road Applicable at Time <input type="checkbox"/> International <input type="checkbox"/> Other (specify)	

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.  
 Note 2. Propulsion - Steam Reciprocating, Steam Turbine, Turbo-Electric; Diesel, Diesel, Diesel-Electric, etc.  
 Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

32. Nature of the Casualty (Check one or more of the following. Give pertinent details in item 33.)		
	COLLISION WITH OTHER VESSEL(S) (Give Name and Flag of Other Vessels)	EXPLOSION/FIRE (Other)
		GROUNDING
		FOUNDER (Sinking)
	COLLISION WITH FLOATING OR SUBMERGED OBJECTS	CAPSIZING WITHOUT SINKING
	COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)	FLOODING, SWAMPING, ETC., WITHOUT SINKING
	COLLISION WITH ICE	HEAVY WEATHER DAMAGE
	COLLISION WITH AIDS TO NAVIGATION	CARGO DAMAGE (No Vessel Damage)
	COLLISION (Other)	MATERIAL FAILURE (Vessel Structure)
	EXPLOSION/FIRE (Involving cargo)	MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)
	EXPLOSION/FIRE (Involving vessel's fuel)	
	FIRE (Vessel's structure or equipment)	EQUIPMENT FAILURE
	EXPLOSION (Boiler and associated parts)	CASUALTY NOT NAMED ABOVE
	EXPLOSION (Pressure vessels and compressed gas cylinders)	

33. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary.)

34. Number of Personnel					35. Estimated Property Losses	
Crew	Passengers	Other	Totals		Dollars (USA)	
(a) On Board				(a) To vessel	\$	
(b) Known dead				(b) To cargo	\$	
(c) Missing				(c) To other property	\$	
(d) Injured				35. Is Vessel a Total Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		

37. Remarks (Indicate assistance rendered by shore stations and vessels; recommendations for corrective safety measures pertinent to this casualty; include explanation of any unsatisfactory lifesaving equipment. Attach additional sheets, if necessary.)

38. Deck Officer on Duty at Time of Casualty			39. Engineer on Duty at Time of Casualty		
Name			Name		
Capacity		License No.	Capacity		License No.
40. Date of Report	41. Submitted by (Print name)		42. Signature		43. Title