## Report of Accident/Occurrence/Incident

Instructions: Send the completed form to the office of the Commission via the chairman <u>captmcvay@cox.net</u> or the secretary <u>mary.dalton@dem.ri.gov</u> Verbal notification shall be made within 2 hours of the accident and in writing within 24 hours.

Pilot Name		/Email address
		Cell
Vessel:		
Name:		
		(Tanker/bulker etc)
Propulsion type		(Fixed, azipod, etc.)
Drafts: fwd		aft
LOA	_Beam	MLD DEPTH
Vessel Route		(Pvd to BR etc.)
		,
		(loss of
power, Allisson, etc		•
Location of	,	
incident		
	-	and direction
		Sea conditions
Tide state	(	Current

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If a collision: Name of other vessels involved			
Describe any observed			
damage			
Personal Injuries			
Any discharge from your vessel ir			
Describe			
Was the USCG notified? notification			
Drug and alcohol test completed?	Date and time of test?		
The undersigned certifies that to t information on this report is true a			
Pilot(Signature)	Date		

## **Report Guidelines**

RI State Licensed pilots are required to report to the Commission any of the following occurrences.

- 1. Grounding, striking of a submerged object, or unintended contact with any object or vessel. Loss or reduction of vessel main propulsion. Loss of electrical power. Loss of, or an improperly working gyro. Loss of steering.
- 2. Damage to vessel, dock, or terminal during docking or undocking.
- 3. Emergency use of an anchor. Loss of an anchor.
- 4. Complain against a pilot for excessive speed, wake, or any damage caused by a vessel.