Report of Accident/Occurrence/Incident

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

Pilot Name___________________________/Email address________________________
Phone: Home_________________/Cell_________________________________

Vessel:
Name: __________________________________________
Type_____________________________ (Tanker/bulker etc)
Propulsion type___________________________ (Fixed, azipod, etc.)
Drafts: fwd.__________________________aft___________________________
LOA____________________Beam____________________MLD DEPTH____________

Vessel Route______________________________________ (Pvd to BR etc.)
Boarding location_____________________________________
Nature or report____________________________________________ (loss of power, Allisson, etc.)
Location of incident____________________________________________________________

Weather conditions: Wind speed and direction_______________________________
Visibility_________________________ Sea conditions__________________________
Tide state________________________ Current______________________________
If a collision: Name of other vessels involved__________________________________________________________

Describe any observed damage___________________________________________________________

Personnel Injuries___________________________________________________________
__________________________________________________________________

Any discharge from your vessel into the water? Describe__________________________________________________________
__________________________________________________________________

Was the USCG notified? _________ Date and time of notification_______________________________________________________

Drug and alcohol test completed? ________Date and time of test? _______

The undersigned certifies that to the best of his knowledge the information on this report is true and correct.

Pilot_________________________________________ Date__________________________________________
(Signature)
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.


4. Complain against a pilot for excessive speed, wake, or any damage caused by a vessel.