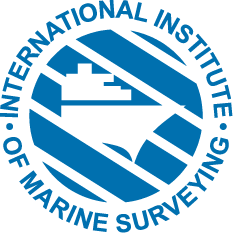
**IIMS CA ACCIDENT REPORT FORM**  
When completed, please return this form to [ca@iims.org.uk](mailto:ca@iims.org.uk)

**IIMS CA – CODE VESSEL ACCIDENT REPORT**

MGN280 27.7 requires that Owners and Operators of Code Vessels report to the Certifying Authority any incident that causes major damage; such as collision, grounding fire or other event. Repairs to such damage are subject to approval by the CA before continued operation. Other damage, detrimental to the Safety of the Vessel, must also be reported to the CA, together with any proposed repairs. For such Damage the CA may take any appropriate action, including a full or part examination of the vessel.

**THIS REPORT DOES NOT REPLACE ANY REQUIREMENT TO REPORT TO THE MAIB UNDER THE MERCHANT SHIPPING ACT**

|  |  |  |  |
| --- | --- | --- | --- |
| **VESSEL DETAILS** | | | |
| **VESSEL NAME** |  | **UNIQUE NUMBER** |  |
| **VESSEL TYPE** | SCV Motor | Crane / Lifting Device | |
| SCV Sail | Cargo over 1000 kg | |
| Cargo up to 1000 kg | Tows ˃ 2 x Displacement | |
| Pilot Boat | PB Endorsement | |
| **VESSEL LENGTH** |  | **VESSEL BEAM** |  |
| **VESSEL MAKE and MODEL** |  | **FLAG and OFFICIAL No.** |  |
| If not registered enter “none” |
| **CONSTRUCTION MATERIAL** |  | **SEA AREA CATEGORY** |  |
| **CALL SIGN AND MMSI NUMBER** |  | **MAX PERSONS ONBOARD** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OWNER / MANAGING AGENT DETAILS** | | | | |
| **NAME** |  | | **TEL. NO.** |  |
| **ADDRESS** | |  | **E-MAIL** |  |
| **DATE OF INCIDENT (dd/mm/yyyy)** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NATURE OF INCIDENT** | | | | |
| **COLLISION** | | **GROUNDING** | **FIRE** | **OTHER** |
| **DESCRIPTION OF INCIDENT** |  | | | |

|  |  |  |
| --- | --- | --- |
| **PERSONS ONBOARD** | | |
| **Skipper And Crew Names** |  |  |

|  |  |  |
| --- | --- | --- |
| **BAREBOAT OR SKIPPERED CHARTER** | | |
| **Bareboat or Skippered** | **Bareboat** | **Skippered** |

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION OF INCIDENT** | | | |
| **Description** |  | **LATITUDE and LONGITUDE** |  |

|  |  |
| --- | --- |
| **WEATHER CONDITIONS AT TIME OF INCIDENT** | |
| **Wind Speed / Direction, Sea State, Tide Height** |  |

|  |  |
| --- | --- |
| **EXTENT / NATURE OF DAMAGE TO VESSEL** | |
| **Nature and Extent of Damage Immediately Apparent** |  |

|  |  |
| --- | --- |
| **EXTENT / NATURE OF INJURY TO PERSONS** | |
| **Nature and Extent of any Injury to Persons** |  |

|  |  |
| --- | --- |
| **SIGNIFICANCE OF DAMAGE** | |
| **Skipper’s Opinion of Severity** | **MAJOR**  **MINOR** but detrimental to the safety of the Vessel |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME, SIGNATURE DATE** | | | |
| **Skipper or Responsible Person** | **Name** | **Signature** | **Date** |
|  |  |  |

**IIMS CA SURVEYOR TO COMPLETE: -**

|  |  |
| --- | --- |
| **SURVEYOR ATTENDANCE DETAILS** | |
| **ATTENDANCE DATE (dd/mm/yyyy)** |  |
| **ATTENDANCE DETAILS** |  |
| **NOTES** |  |

|  |  |  |
| --- | --- | --- |
| **SURVEYOR NAME, SIGNATURE DATE** | | |
| **Name** | **Signature** | **Date** |
|  |  |  |
| **DISCLAIMER** | | |
| Completing and returning this form does not constitute an admission of liability of any kind, either by the person making the report or any other person. | | |