



BOARD OF COMMISSIONERS OF PILOTS
OF THE STATE OF NEW YORK
17 BATTERY PLACE
NEW YORK, NY 10004

TEL: 212-425-5027
FAX: 212-344-3144

REPORT OF MARINE ACCIDENT/OCCURRENCE

Instructions: **ELECTRONICALLY** complete this form and email it to the Board of Commissioners of Pilots of the State of New York at: AJGarger@bdcommpilotsny.org. Notification must be made within 24 hours of an accident or occurrence. In the event you are directed by the USCG to appear for an interview, advise the Board as soon as you know the date and time.

Pilot Information

Name: _____
(print)

Home address: _____

Email address: _____

Office Phone: _____ Home Phone: _____ Cell Phone _____

Affiliation: _____
(Sandy Hook, Hudson River, Long Island-Block Island Sound, Other)

Vessel Information

Name: _____ Type: _____
(tank, container, etc.)

Flag: _____ Port Agent: _____

Running Gear: _____ Engine(s) _____
(single, twin, azipod, fixed, variable, LH, RH) (diesel, turbine, diesel/elec., hp, or kw)

Drafts: Forward _____ aft. _____ air _____ ballast: _____
(Loaded, full, partial)

Length: _____ Breath _____ Year Built _____

The Accident/Occurrence

Date, time and location of your boarding the vessel: _____

Time and location that you assumed the conn: _____

Nature of Accident/Occurrence: _____
(collision, grounding, allision, power loss, steering loss, near miss, etc).

Passage segment: _____
(e.g. Ambrose to KVK, berth to anchorage, etc.)

Location of Accident/Occurrence: _____
(e.g. KVK between buoys ___ and ___, latitude _____ longitude _____)

Date: _____ Time: _____

Wind: from: _____ velocity: _____ gusts: _____
(degrees) (knots) (knots)

Visibility: _____ Weather and sea conditions: _____
(distance) (clear, rain, fog, wave height, etc.)

Tide: _____ Current: _____
(e.g. 1 hour after low water at the Battery) (e.g. 100 degrees at 2 knots)

If a collision: Name, flag and description of other vessel: _____

Piloted by: _____ Damage: _____

Physical Damage to other property, if not a vessel: _____
(describe property and damage)

Damage to vessel you were aboard: _____

Personal Injuries: _____
(location of persons at time and extent of injuries)

Did the Accident/Occurrence result in any discharge into the water: _____

Name, address and employer of all witnesses and locations at time of Accident/Occurrence:

Full details of the Accident/Occurrence: (use additional sheets if necessary, to give a **full** description, including sketches or chartlet. Sketches need not be to scale.)

In Your opinion, what were/are the causes of this Accident/Occurrence:

Notifications

Coast Guard notification: _____ date, time of notice: _____

Name of person giving notice: _____ method: _____
(VHF, landline, other)

New York Board notification: _____ date, time of notice: _____

Method: _____
(telephone, fax, state number called or faxed)

Tests

Alcohol test, date, time and place: _____

Drug test sample collected, date, time and place: _____

Tracking Device

Was a carry-on lap-top chart computer being used at the time of the Accident/Occurrence? _____

Was the tracking capability activated? _____ Was the track preserved? _____

Present location of the device and preserved track: _____

If currently available attach hereto: alcohol-testing form with results; evidence of drug test sample taken; pilot card; copy of deck log; copy of bell log, copy of maneuvering card, copy of course recorder; photos; bridge deck plan.

The undersigned here certifies that to the best of his/her belief the information herein is true and correct.

Pilot: _____
(signature) (license)

Date: _____

7/12 (Form # BOC007)