



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: [fwkeane@bdcommpilotsny.org](mailto:fwkeane@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 and Rank/Title of all witnesses and their locations at the time of the 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 Portable Pilot Unit 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: \_\_\_\_\_