**Port of Southampton Competent Harbour Authority** **Pilotage Incident Report**

**Type of Incident** *(delete as appropriate)*

|  |  |  |
| --- | --- | --- |
| A | Collision / Close Quarter Situation | yes / no |
| B | Grounding | yes / no |
| C | Loss of anchor | yes / no |
| D | Other (specify) |  |
| Sir, |  |  |

I, have to report that the vessel in my charge within the Port of Southampton Competent Harbour authority Pilotage Area, was involved in an incident, identified above, as described hereunder:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Ship’s Name |  |  | 1 |
| 2 | Owners |  | 2 |
| 3 | Agent |  | 3 |
| 4 | GRT/NRT |  | 4 |
| 5 | Length overall in metres |  | 5 |
| 6 | Beam in metres |  | 6 |
| 7 | Draught in metres |  | 7 |
| 8 | Last Port of call |  | 8 |
| 9 | Destination in CHA Pilotage area |  | 9 |
| 10 | Main engine propulsion (diesel / steam / gas) |  | 10 |
| 11 | Bow / stern thrusters fitted |  | 11 |
| 12 | Machinery defects (state) |  | 12 |
|  |  |  | 12 |
| 13 | Unusual handling characteristics (state) |  | 13 |
|  |  |  | 13 |
| 14 | Date of occurrence (day / date / month / year) |  | 14 |
| 15 | Time (local) (*use 24 hour clock)* |  | 15 |
| 16 | Predicted tide time / height | HW | m | Soton / P’mouth | 16 |
|  | (*1st High only)* | LW | m | Soton / P’mouth | 16 |
| 17 | Set / rate of tide at time of incident |  |  | 17 |
| 18 | Wind direction / speed |  | 18 |
| 19 | Sea state (*use Beaufort scale)* |  | 19 |
| 20 | Visibility (*in miles)* |  | 20 |
| 21 | Name of other vessel / object involved |  | 21 |
| 22 | Place of incident |  | 22 |
| 23 | Position of incident, by bearing / distance form |  | 23 |
|  | (*select well known datum)* |  | 23 |
| 24 | How was position obtained |  | 24 |
| 25 | Ship’s heading at time of incident |  | 25 |
| 26 | Echo sounder in use | Yes / no | 26 |
| 27 | Sounding trace retained (*if no, why?)* | Yes / no | 27 |
| 28 | Type of lookout maintained |  | 28 |
| 29 | Was radar watch being kept | Yes / no | 29 |
|  | *(if yes what mode?)* |  | 29 |

1. Speed at time of incident

|  |  |
| --- | --- |
|  | 30 |
|  | 31 |
| Yes / no | 32 |
| Yes / no Setting | 33 |
|  | 34 |
| Yes / no | 35 |
|  | 36 |
|  | 36 |
|  | 36 |
|  | 37 |
|  | 37 |
|  | 38 |
|  | 39 |
|  | 40 |
|  | 40 |
|  | 41 |
|  | 41 |
|  | 42 |
|  | 43 |
| Yes / no | 44 |
|  | 44 |
| Yes / no | 45 |
|  | 46 |
|  | 47 |
|  | 48 |
|  | 49 |
| Yes /no | 50 |
|  | 50 |

1. Engine(s) setting
2. Bridge control
3. Bow / stern thruster in use
4. Cpmp[ass in use (Mag/Gyro/solid state)
5. Tugs in use at time of incident
6. Names of tugs / position
7. Time incident first reported To whom / method
8. Estimated course and speed of other vessel
9. Name of other vessel
10. Lights / signals displayed (*own ship)*
11. Lights / signals displayed *(other ship)*
12. Sound signals *(own)*
13. Sound signals *(other)*
14. VHF used prior to incident VHF R/T Channel
15. Was a dangerous substance being carried
16. Damage to own ship
17. Damage to other ship or objects
18. Injuries
19. Action taken after incident
20. Written statement from Master

*If yes please provide original*

1. How did the incident occur – describe in your own words supported by any chart, drawing, sketch, photograph or other evidence that may assist the investigating panel in their findings. Use separate sheets of blank paper for continuation pages.

|  |  |
| --- | --- |
| Signature |  |
| Name | Date |
| Authorised Pilot / Pilot Exemption Certificate Holder (*delete as appropriate)* |
| Certificate number |  |



To be forwarded to the Harbour Master, Associated British Ports, Southampton