



**BOARD OF COMMISSIONERS OF PILOTS
OF THE STATE OF NEW YORK**

17 BATTERY PLACE
NEW YORK, NY 10004-1207

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CELL: 917-583-6373
WEBSITE/EMAIL:
WWW.BDCOMMPILOTSNY.ORG

REPORT OF MARINE ACCIDENT/OCCURRENCE

Instructions: This written report and a verbal report must be completed and faxed to the Board's office at: Telephone 212 425 5027 – Fax 212 344 3144 no later than 24 hours after the Accident/Occurrence. In the event you are directed by the Coast Guard 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: _____

The Accident/Occurrence

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

Time and location that you assumed the con: _____

Nature of Accident/Occurrence: _____
(collision, grounding, allission, 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: _____

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: _____