

**Information about**

Date of the occurrence (YYYY-MM-DD)	Time of occurrence (local) hh:mm
Type of occurrence <input type="checkbox"/> Incident <input type="checkbox"/> Accident	Specify occurrence, such as grounding, fire etc.

**Position for**

Latitude N/S	Specify a valid entry for latitude in degrees (0-90)	Specify a valid entry for latitude in minutes (0-60)	Longitude E/W	Specify a valid entry for longitude in degrees (0-180)	Specify a valid entry for longitude in minutes (0-60)
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**Identification**

Vessel name, Callsign	IMO number
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**Type of vessel**

State the type of vessel			
Ship subcategory <input type="checkbox"/> Catamaran <input type="checkbox"/> High Speed Craft <input type="checkbox"/> RIB		Fishing vessel id	
Flag state			
Gross tonnage	Length overall	Breadth overall	Draught

**Departure and arrival**

Port of departure	Port of destination
Alongside or anchored in port of	

**Description of occurrence**

It is possible to send additional documents to the email address at the bottom part of the accident report form.

Description of consequences of the occurrence

## Occupational accidents

Place on board the vessel where accident took place

## Watch system

Bridge

Engine

## Crew and passengers

Manning according to decision

Manning at the time of the occurrence

Master

Deck officers

Engineers

Engine crew

Others

Total

Number of passengers

Crew

Passengers

Pilots

Other

Not on board

Missing

Injured

Lives lost

Has the occurrence led to serious injuries (over 72 hours incapacitated/off work)?

Yes  No

## External environment

Activities of the ship

Main activity on the vessel

Wind direction

Wind force

Sea state

Sea state (direction)

Current (direction)

Current (force)

Weather conditions

Visibility

Natural light

Ice

Yes  No

**Contact details****Master**

Name (required)		
Address		
Postcode/zip code	City	
Phone number (required)	Mobile phone number	Email

**Shipping Company**

Name (required)		
Address		
Postcode/zip code	City	
Phone number (required)	Mobile phone number	Email (required)

**Additional data or information considered relevant**

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**Information****Send the form to**

Transportstyrelsen

SE-601 73 Norrköping, Sweden

Email: [sjoutredning@transportstyrelsen.se](mailto:sjoutredning@transportstyrelsen.se)