



# NIUE SHIP REGISTRY

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## Report of a Shipping Casualty (Form NRC)

### Instructions:

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| <ol style="list-style-type: none"> <li>1. An original of this form shall be submitted to the Flag State as soon as possible after the occurrence of the incident.</li> <li>2. This form must be completed in full. Entries not relating to the case should be filled as N/A.</li> <li>3. It is important to include as much details as possible and additional sheets of paper may be attached to include sketches, statements, charts used at the time with ship's track data, records from: course recorder, movement books, bell book, engine-room data logger, VDR, AIS and other equipment.</li> </ol> | <ol style="list-style-type: none"> <li>4. Copies of ISM procedures, checklists relevant to the incident in the report. Any documents/reports, which can assist in the investigation, should also be included.</li> <li>5. Crew list should be submitted together with this form. Attach Form PI for each person injured or killed as a result of the casualty reported herein.</li> <li>6. Pages 1 to 3 should be completed and submitted by the Master or supervisor, or if neither is available, by the owner or his duly authorized agent.</li> </ol> |
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### 1. VESSEL PARTICULARS

Vessel Name	Official Number	Type of Vessel	
Year Built	Gross Tonnage	Net Tonnage	
Propulsion (e.g. Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric etc.)	Place Built		
Name of Owner			
Name of Shipmanager			
Telephone	Facsimile	Mobile	Email
Name of Master or PIC	Date of Birth	Nationality	Capacity and Date of Issue

### 2. PARTICULARS OF THE CASUALTY OR ACCIDENT

Date of Casualty	Time of Incident (local or UTC)	If Casualty occurred underway, Port of Departure	Date of Departure
Location of Vessel at time of Casualty (Port, country and coordinates)		Port to which Bound	Date of Expected Arrival
		Geographical Name of Body of Water (at open sea)	
Nature of Cargo (describe and give amounts in Long Tons)	Amount of Dry Cargo	Amount of Bulk Liquid	Amount of Deck Cargo

Speed in Knots Prior to Casualty	True Course Prior to Casualty	Draft Forward	Draft Aft
Atmospheric Conditions at Time of Casualty (you can choose more than one) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify):			
Distance of Visibility <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2-5 Miles <input type="checkbox"/> Over 5 Miles	Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane	Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <input type="checkbox"/> High	Wind Direction
			Direction of Sea
			Direction of Swell
Navigation Equipment (you can choose more than one) Radar <input type="checkbox"/> S Brand, or <input type="checkbox"/> X Brand <input type="checkbox"/> Inoperative <input type="checkbox"/> Used ARPA <input type="checkbox"/> Inoperative <input type="checkbox"/> Used		Communications Equipment (you can choose more than one) Radio Telephone <input type="checkbox"/> In use with other vessels <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used CW (Key) <input type="checkbox"/> In use with other vessels <input type="checkbox"/> In use with shore stations <input type="checkbox"/> Not used	
Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		Rules of the Road Applicable at Time <input type="checkbox"/> International <input type="checkbox"/> Other (specify):	
Nature of Casualty (please choose all that apply)			
<input type="checkbox"/> Collision with other vessel(s), pls provide details below:		<input type="checkbox"/> Grounding	
Vessel Name:	<input type="checkbox"/> Founder (Sinking)	<input type="checkbox"/> Founder (Sinking)	
Vessel Name:	<input type="checkbox"/> Capsizing without sinking	<input type="checkbox"/> Capesizing without sinking	
<input type="checkbox"/> Collision with floating or submerged objects		<input type="checkbox"/> Flooding, swamping etc. without sinking	
<input type="checkbox"/> Collision with fixed objects (e.g. piers, bridges etc.)		<input type="checkbox"/> Heavy weather damage	
<input type="checkbox"/> Collision with ice		<input type="checkbox"/> Cargo damage (no vessel damage)	
<input type="checkbox"/> Collision with aids to navigation		<input type="checkbox"/> Material Failure (vessel structure)	
<input type="checkbox"/> Explosion/Fire (involving cargo)		<input type="checkbox"/> Material Failure (Engineering machinery, main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical etc.)	
<input type="checkbox"/> Explosion/Fire (involving vessel's fuel)			
<input type="checkbox"/> Explosion/Fire (other, pls specify):		<input type="checkbox"/> Equipment failure	
<input type="checkbox"/> Fire (vessel's structure or equipment)		<input type="checkbox"/> Casualty not found in the above list, pls specify below:	
<input type="checkbox"/> Explosion (Boiler and associated parts)			
<input type="checkbox"/> Explosion (Pressure vessels and compressed gas cylinders)			
Description of Casualty (Give events leading to the casualty and how it occurred. Attach drawings and additional sheets, if required)			

Personnel	Crew	Passenger	Other	Total	Property Losses	Value in US Dollars
No. on board					Estimated loss/damage to vessel	\$
No. known dead					Estimated loss/damage to cargo	\$
No. of missing					Estimated loss/damage to other property	\$
No. of injured					Is vessel TOTAL LOSS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks (please indicate assistance rendered by other vessels or shore stations, recommendations for corrective safety measures pertinent to this casualty, include explanation of any unsatisfactory life-saving equipment – Attach drawings and additional sheets, if required)						
Deck Officer on Duty at Time of Casualty				Engineer on Duty at Time of Casualty		
Name				Name		
Capacity		License No.		Capacity		License No.
Date of Report		Name of Person Submitting		Designation		Signature

For guidance to masters or any person(s) filling this form, the following questionnaires are to assist in providing a detailed "Account of the Casualty". Please use the appropriate set of questionnaires relevant to the type of casualty.

#### **Questionnaires for Collision:**

1. Were the target (s) tracked by ship's ARPA or plotted by Radar?
2. Any indication of a collision provided by the above aids.
3. What data were displayed by the ARPA (target's course, speed, CPA and warning)?
4. Course and speed of own ship when the other was first observed.
5. The bearing and range of target and time when first observed (visually or by radar).
6. Types of lights or shapes when first sighted visually and any changes thereafter?
7. Time of changes to shape or lights?
8. Any sound signals heard or made by own vessel?
9. Types of action taken by target vessel such as time of alteration of speed and alteration of course, period from first sighted on radar/visually up to the time of collision.
10. Types of action taken by own ships during the periods of close encounter up to the time of collision, giving the course, speed and the time the movements were executed.
11. Status of own ships at the time of collision (engine stopped, or the speed if steaming, telegraph status, heading, and course steered and number of steering pumps running).
12. Status of other ships at the time of collision (engine stopped, or the speed if steaming, telegraph status, heading, and course steered and number of steering pumps running).
13. Actions taken after the collision and exchange of information.
14. Details of the other ship such as Master's names, ship name, GT, types of ship, flag, cargo, damage details, pollution details, coming from, bound for, piloted, Port of Registry, IMO number, Call sign & etc.

#### **Questionnaires for Grounding or Stranding:**

1. Who was having the control of the ship and how the ship's positions were plotted for the last hour before the grounding.
2. The data abstract for the plotting of position. (Time, bearing and lat/long must be included).
3. When were the last landmark sighted, such as beacon, buoys and at what time?
4. Were the marks seen visually or by radar?
5. Was the Echo Sounder running at the time of grounding?
6. Course and speed of vessel prior to grounding and at the time of grounding.
7. Manual or Auto Steering at the time of grounding?
8. Title number, date and publisher of chart in use at the time of stranding and last correction made to the chart?
9. Any equipment error and any correction applied? (Engine problem, Faulty steering, wrong input of data in GPS or data used for plotting position were wrong).
10. Was the casualty due to uncharted object?
11. Was there any pollution? State the types and quantity of pollutant released due to the grounding.
12. Draught of vessel before and after the stranding.
13. Action taken after the grounding and whether successful to re-float the vessel
14. Any assistance rendered from outside and what are the types of assistance?

### **Questionnaires for Fire / Explosion:**

1. When and where did the fire started? (Location of fire).
2. How, when and who detected the fire? (Visually or by alarm).
3. Any hot works or cold works or other works being carried out at the place of fire?
4. Previous works being carried out at the place of fire and how many hours ago?
5. The actions taken after the fire was detected?
6. Was the action effective?
7. Any assistance rendered from outside and what types of assistance?
8. What was the possible cause of the fire? (Electrical, overloading, hot works, explosive gas, cold works & etc).
9. If explosion due to tank cleaning in cargo hold, please elaborate the sequence of checks and equipment used and whether inert gas was used.
10. If explosion in engine room, please provide details of the equipment last serviced and what work was done on the machinery or equipment.

### **Questionnaires for Listing & Flooding:**

1. What was the cause of flooding? Due to listing of the ship during cargo work or damage to ship structure?
2. When, how, who did notice the first sign of flooding or listing.
3. Location and time of flooding and its extent of water ingress.
4. Actions taken when flooding / listing first noticed.
5. Were the ship's watertight closing appliances working and shut?
6. Was there any damage or defect at the location of water ingress or previous works done at that location?
7. If listing, due to cargo operations, were ballasting being carried out at that time?
8. Who calculate the stability or had the ship stability being calculated prior to ballasting/deballasting?
9. Were there any defects with the ship's pumping or piping arrangements? History of repairs, if any?
10. Were there any explosion onboard, contact with outside objects or heard any loud sound before the listing/ flooding?

### **Questionnaires for Foundering:**

1. Was the cause of the foundering detectable?
2. What actions did the ship's crews take after the detection?
3. Date and time of springing leak or shipping heavy seas on deck.
4. Did the ship develop a list and or trim?
5. Any damage to the ship's structure due to the rough weather?
6. To provide record of heel (maximum and rolling period) and stability data (including stress and strains calculation and the maximum permissible level).
7. Circumstances and particulars of the voyage, preceding the foundering.
8. If bulk cargo, details on the trimming of cargoes, moisture contents (TM), and distribution of weights.
9. Weather condition at the time of loading and during the passage.
10. Was foundering due to steering, engine failures, pumping & piping failures, please provide details.
11. Were the ship's watertight closing appliances operating properly?
12. Did the life saving equipment operated as required?
13. Details of any assistance rendered from shore or other ships?