

Uniform Vessel Accident Report

(Section 2 rule 20) To be used for any Incident or Accident that occurred in a Port of the Cooperation Council for the Arab States of the Gulf

Country		Sultanate of Oman		Port		Port of Duqm	
E-mail		Tel		Fax			
From		Date					
Per Fax to		Per Fax To					
In any Case of any Incident or Accident							
Indicate Type of Incident or Accident:							
Grounding		Collision		Pollution			
Bodily Injury or Death		Other Incident					
Names and Types of Vessels Involved:							
Name of Reporting Vessel		Nationality		No. of Crew			
Type of reporting Vessel		Cargo		Volume			
Name of Other Vessel		Nationality		No. of Crew			
Type of Other Vessel		Cargo		Volume			
Specify Dangerous Goods and Polluting Substances Onboard							
Time of Arrival		Time of Departure					
Gross Tonnage		Length Overall					
Draft		Forward		Aft			
Position of Incident or Accident		Time of Incident or Accident					
Last Port of Call		Next Port of Call					
Ship's data		Course		Speed		Outlook	
Weather and sea conditions		Visibility (nm)		Bridge Command With		Yes	
Wind		Direction		Force		No	
Waves		Direction		Height			
Name of Pilot (if onboard)							
In any Case of Pollution							
State the Substance Involved:							
Oil		Chemical		Garbage		Ballast	
State How the Incident Happened:							

Location		Date and Time		
Wind Speed and Direction	Speed		Direction	
State the actions taken to mitigate the impact on the environment:				
Passport Details				
Date		Signature		