

Commonwealth of Dominica**Office of the Maritime Administrator**

TO: ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF MERCHANT SHIPS, AND AUTHORIZED CLASSIFICATION SOCIETIES

SUBJECT: CASUALTY, INCIDENT, AND ACCIDENT INVESTIGATIONS.

REFERENCE:

- (a) SOLAS Regulation I/21
- (b) MARPOL Articles 8 and 12
- (c) Commonwealth of Dominica International Maritime Act 2000, Sections 157 and 158
- (d) Commonwealth of Dominica International Maritime Regulations 2002, Regulations 45-47

PURPOSE: This Circular outlines the responsibilities and obligations of the Administration, vessel owners, and mariners regarding investigations or inquiries into marine casualties, accidents, or incidents.

APPLICABILITY: This Circular applies to the investigation by the Administration of casualties, accidents, or incidents involving Commonwealth of Dominica flag vessels.

BACKGROUND: Most of the international conventions to which the Commonwealth of Dominica is signatory require the Administration to investigate casualties involving its ships and, if deemed pertinent, to report the findings of these investigations to the International Maritime Organization (IMO). In addition, the IMO is now requiring Administrations to provide information resulting from the investigation of any accident or casualty that meets the IMO definition of a “serious” or “very serious” casualty. This data is then incorporated into a newly established IMO marine casualty database. In order for the Administration to meet these obligations, the Commonwealth of Dominica International Maritime Act 2000 and promulgated regulations invoke certain obligations on vessel owners and mariners to provide notification of reportable marine casualties and for cooperation during the course of investigation. Penalties for the failure to meet these responsibilities have also been established.

REQUIREMENTS:

1.0 Investigations

- 1.1 The Administration is required to report the findings of investigations into both “serious” and “very serious” casualties to the IMO. Information on “less serious” casualties may also be forwarded to the IMO if there are lessons to be learned from it. The IMO has developed questionnaires for use by Member Nations in submitting this casualty database information. For “very serious” casualties the IMO requires also a written report to be provided. For casualties and accidents involving the Commonwealth of Dominica flag vessels, the written report is comprised of a narrative Investigative Report with an attached Decision of the Maritime Administrator (hereinafter referred to as Report/Decision).
- 1.2 If deemed appropriate by the Maritime Administrator, and/or requested by the IMO, a Report/Decision will be prepared and released upon completion of the casualty investigation. The information obtained during the course of investigation, as well as a copy of the questionnaires submitted to the IMO, is recorded and considered confidential. The findings, recommendations, and conclusions of the Maritime Administrator resulting from the investigation are contained in the Report/Decision, which forms the sole public document associated with the casualty or accident in question. Its function is to establish the causes and contributing factors of the casualty, recommend measures to prevent recurrence, and share the lessons learned with the maritime community. It is not intended that the Report/Decision assign fault, assess blame, or determine civil or criminal liability. However, in instances where there are indications of an offense such as misconduct, inattention to duty, or negligence on the part of a vessel owner or mariner, the Report/Decision may recommend the initiation of an administrative inquiry regarding the alleged offense. If the offense is proven, appropriate measures will be taken against the persons involved. This process is independent of the investigation; although, information gathered during the course of the investigation may be used in the administrative proceedings. These proceedings, and any subsequent actions, are generally considered as matters between the Maritime Administrator and the parties concerned.

2.0 Notifications

International Maritime Regulation 46(1) identifies the parameters, which render a marine accident or casualty reportable to the Maritime Administrator. This regulation also requires the owner or Master of a vessel involved in a reportable accident or casualty to “immediately advise the Maritime Administrator and Dominica Maritime Registry Incorporated by the fastest means possible” and to forward a written report thereafter. This initial notification is essential for the Maritime Administrator to identify the severity of the casualty or accident, determine whether to assign an Investigating Officer, and decide if the vessel may continue to proceed on its voyage. The initial notification may be supplemented by other communications between the Maritime Administrator and the Master or vessel owner in order to provide updated information and to establish the scope and logistics of the investigation. Section 157(2) of the Commonwealth of Dominica

International Maritime Act 2000, as amended, contains the penalties for failing to promptly notify the Maritime Administrator of a reportable casualty or accident.

3.0 Reporting Forms

The content of the report required by Section 157(1) of International Maritime Act 2000 is specified in International Maritime Regulation 46(2), and reference is made to using the form obtained from the Office of the Maritime Administrator. The Maritime Administrator has developed two reporting forms for casualties and accidents. Both are contained in the Rules for Marine Investigations and Hearing (CDP 400), which is located on the CDP 100 CD-rom or on the website: www.dominica-registry.com. Form CDAD-4001 is used to report a vessel casualty or accident and Form CDAD-4002 is used for reporting a personal injury or loss of life. Statements of witnesses (which need not be signed) and additional sheets of paper to expand upon particular entries on the forms may be attached to the submitted form. The report (original only), signed by the Master or the highest available officer or ship representative should be forwarded to the Office of the Deputy Maritime Administrator, Maritime Affairs, 32 Washington Street, Fairhaven, Massachusetts 02719, USA.

4.0 Cooperation

International Maritime Regulations 47(2) and 47(3) list the duties of vessel owners and mariners, respectively, regarding cooperation and participation during investigations. The potential for litigation or other court action resulting from a casualty or accident does not lessen the obligations of the ship owner or the crew members to provide requested information and fully cooperate with the Maritime Administrator during an investigation. The international requirement that an Administration conduct a thorough investigation can only be achieved through harmonious joint efforts by the Maritime Administrator, vessel owner and the crew. The regulations noted above also specify the various penalties, which may be imposed against a vessel owner or a crew member for failing to comply.

The following forms are included as Appendices to this Marine Safety Circular:

FORM CDAD-4001 “Report of Vessel Casualty or Accident”
and
FORM CDAD-4002 “Report of Personnel Injury or Loss of Life”

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Inquiries concerning the subject of this Circular should be directed to the Deputy Maritime Administrator
Commonwealth of Dominica 32 Washington Street, Fairhaven, MA 02719 USA
registration@dominica-registry.com

 FORM CDAD-4001	OFFICE OF THE MARITIME ADMINISTRATOR COMMONWEALTH OF DOMINICA Dominica Maritime Registry, Inc. 32 Washington Street Fairhaven, Massachusetts 02719 USA	Tel: (508) 992-7170 Fax: (508) 992-7120 email: registration@dominica-registry.com
	REPORT OF VESSEL CASUALTY OR ACCIDENT	

INSTRUCTIONS

1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."
3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.
4. Attach crew list to this form. Attach separate Form CDAD-4002 to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

I. PARTICULARS OF VESSEL

1. Name of Vessel	2. IMO/Official Number	3. Year built	4. Gross Tonnage	5. Net Tonnage
6. Type of Vessel (See Note 1.)	7. Propulsion (See Note 2.)	8. Place Built		
9. Name of Owner		10. Name, Address and Telephone of Managing Agent		
11. (a) Name of Master or Person In Charge	(b) Citizenship	(c) Date of Birth	(d) License Grade and Date of Issue	

II. PARTICULARS OF CASUALTY

12.(a) Date of Casualty	(b) Time(Local or Zone)	(c) Zone Description	(d) Time of Day Day Night Twilight	
13. Geographical Location of Casualty (See Note 3.)			14. Geographical Name of Body of Water	
15.(a) If Casualty occurred underway, Port of Departure		(b) Date of Departure	(c) Port to Which Bound	
16.(a) Nature of Cargo (Describe and give amounts in Long Tons)		(b) Amount Dry Cargo	(c) Amount Bulk Liquid	(d) Amount Deck Cargo
17. Speed in Knots Prior to Casualty	18. True Course Prior to Casualty		19. Draft Forward	20. Draft Aft
21. Atmospheric Conditions at Time of Casualty (Check one or more of the following) Clear Partly Cloudy Overcast Fog Rain Snow Other (Specify)				
22. Distance of Visibility Under 2 Miles 2-5 Miles Over 5 Miles		23. Wind Light Moderate to Fresh Storm to Hurricane		24. Sea Smooth to Slight Moderate to Rough High
				25. Wind Direction
				26. Direction of Sea
				27. Direction of Swell
28. Navigation Equipment (Check one or more of the following) Radar (S Band, or X Band) <u>ARPA</u> Inoperative Inoperative Used Used			29. Communications Equipment (check one or more of the following) <u>Radiotelephone</u> <u>CW (Key)</u> In use with Other Vessels In use with Other Vessels In use with Shore Stations In use with Shore Stations Not Used Not Used	
30. Auto Alarm Transmitted by your Vessel? Yes No			31. Rules of the Road Applicable at Time International Other (specify)	

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.
 Note 2. Propulsion - Steam Reciprocating, Steam Turbine, Turbo-Electric; Diesel, Diesel, Diesel-Electric, etc.
 Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

32. Nature of the Casualty (Check one or more of the following. Give pertinent details in item 33.)		
	COLLISION WITH OTHER VESSEL(S) (Give Name and Flag of Other Vessels)	EXPLOSION/FIRE (Other)
		GROUNDING
		FOUNDER (Sinking)
	COLLISION WITH FLOATING OR SUBMERGED OBJECTS	CAPSIZING WITHOUT SINKING
	COLLISION WITH FIXED OBJECTS (Piers, bridges, etc.)	FLOODING, SWAMPING, ETC., WITHOUT SINKING
	COLLISION WITH ICE	HEAVY WEATHER DAMAGE
	COLLISION WITH AIDS TO NAVIGATION	CARGO DAMAGE (No Vessel Damage)
	COLLISION (Other)	MATERIAL FAILURE (Vessel Structure)
	EXPLOSION/FIRE (Involving cargo)	MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)
	EXPLOSION/FIRE (Involving vessel's fuel)	
	FIRE (Vessel's structure or equipment)	EQUIPMENT FAILURE
	EXPLOSION (Boiler and associated parts)	CASUALTY NOT NAMED ABOVE
	EXPLOSION (Pressure vessels and compressed gas cylinders)	

33. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary.)

34. Personnel	Crew	Passengers	Other	Totals	35. Property Losses	Dollars (USA)
(a) Number on Board					(a) Estimated loss/damage to vessel	\$
(b) Number known dead					(b) Estimated loss/damage to cargo	\$
(c) Number Missing					(c) Estimated loss/damage to other property	\$
(d) Number Injured					35. Is Vessel a Total Loss? Yes No	

37. Remarks (Indicate assistance rendered by shore stations and vessels; recommendations for corrective safety measures pertinent to this casualty; include explanation of any unsatisfactory lifesaving equipment. Attach additional sheets, if necessary.)

38. Deck Officer on Duty at Time of Casualty			39. Engineer on Duty at Time of Casualty		
Name			Name		
Capacity		License No.	Capacity		License No.
40. Date of Report	41. Submitted by (Print name)		42. Signature		43. Title



**OFFICE OF THE MARITIME
ADMINISTRATOR
COMMONWEALTH OF DOMINICA
Dominica Maritime Registry, Inc.
32 Washington Street
Fairhaven, Massachusetts 02719 USA**

Tel: (508) 992-7170
Fax: (508) 992-7120
email: registration@dominica-registry.com

REPORT OF PERSONAL INJURY OR LOSS OF LIFE

INSTRUCTIONS

1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."
3. This form should be completed for every loss of life and for every injury which incapacitates the injured for a period in excess of seventy-two hours (3 days).
4. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.

I. PARTICULARS OF VESSEL

1. Name of Vessel	2. IMO/Official Number	3. Name, Address and Telephone of Managing Agent
4. Type of Vessel (See Note 1.)	5. Propulsion (See Note 2.)	
6. Name of Owner		

II. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)

7. (a) Name of Person	(b) Home Address	(c) Date of Birth
		(d) Citizenship
8. Seaman's Book or Passport No	9. Status or Capacity on Vessel	
10. Activity Engaged in at Time of Casualty	11. If Crew Member or Shore Worker On Watch Working Other	
12. (a) Name of Immediate Supervisor at Time of Casualty	(b) Supervisor's capacity or Status on Vessel	

III. PARTICULARS OF CASUALTY OR ACCIDENT

13. (a) Date of Casualty	(b) Time (Local or Zone)	(c) Zone Description	(d) Time of Day Day Night Twilight
14. Geographical Location of Vessel at time of Casualty (See Note 3.)			15. Geographical Name of Body of Water
16. (a) If Casualty occurred underway, Port of Departure		(b) Date of Departure	(c) Port to Which Bound
17. (a) RESULT OF CASUALTY: Injury Death Missing (Complete INJURY or DEATH entries below, as appropriate.)			
(b) Nature of Injury			(c) Total Days Incapacitated
(d) Reason for Death			(e) Location of Individual at Death
			(f) Date of Death

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.

Note 2. Propulsion - Steam Reciprocating, Steam Turbine, Turbo-Electric; Diesel, Diesel, Diesel-Electric, etc.

Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

18. DESCRIPTION OF CASUALTY (Give events leading up to casualty and how it occurred. Attach diagram and additional sheets, if necessary.)

19. WITNESSES TO ACCIDENT (At least two, if possible)

Name	Name
Address	Address
Name	Name
Address	Address

IV. ASSISTANCE AND RECOMMENDATIONS

20. (a) MEDICO (Medical) MESSAGE SENT	(b) IF YES, GIVE DATE OF FIRST MESSAGE	(c) IF YES, GIVE TIME OF FIRST MESSAGE (Local or zone and description)
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21. (a) TREATMENT ADMINISTERED Yes No	(b) IF YES, BY WHOM Ship's Doctor Other Ship's Personnel Other (Specify)
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22. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D.)

23. (a) Name of Hospital, If Person was Hospitalized	(b) Address of Hospital
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24. Recommendations for Corrective Safety Measures Pertinent to this Casualty

25. Date of Report	26. Submitted by (Print Name)	27. Signature	28. Title
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