

REPORT OF MARINE VESSEL ACCIDENT

Name of Vessel or Facility: _____

Coast Guard Documentation Number: _____

Captain's Name: _____

Date & Time of Accident: _____

Location of Accident: _____

ORM Location Code: _____

Captain's Statement and Description of Accident & Damage:

Photos Taken: Yes No

Photos taken when, by whom and description: _____

Conditions

Weather: Clear Rain Snow Fog Other (explain) _____

Time: Daylight Twilight Night

Visibility: Good Fair Poor Air Temperature: _____ Wind Speed: _____

Navigation Information: Moored, Docked or Fixed Speed: _____
Anchored Course: _____
Underway or Drifting

Signature of Person Filing Report/Date

Contact Person and Phone Number: _____

Send completed forms to: Sedgwick --
6410StateofLouisiana@sedgwickcms.com

Alternate: fax to 855-563-2447