

Incident Report Form

The Merchant Shipping (Investigation of Marine Casualties), Act 2000 requires an owner, charterer, master, skipper, person in charge, ship's agent, ship's manager or ship's husband of a vessel involved in a marine casualty to report an incident by the quickest means possible.

A completed report can be emailed to info@mcib.ie or posted to MCIB offices, Leeson Lane, Dublin 2.

Please complete the form as fully as possible ensuring that all starred items (*) are completed as far as practicable.

Marine Casualty Investigation Board

Leeson Lane

Dublin 2

Telephone: 01 678 3485

Fax: 01 678 3493

FREEFONE: 1800 202 614
Email: info@mcib.ie
Web: www.mcib.ie

Section A: General	
Date of Incident *	Time of Incident * UTC: Local Time:
Name of Vessel *	Flag of Vessel *
Type of Vessel (e.g. tanker/bulk/carrier/cruise/ ferry/fishing vessel etc.) *	
Location of Incident *	

Section B: Vessel Detail	s		
Name and address of o	wner: *		
Name:			
Address:		5 - Way	
Tel:			
Email:			
IMO Number (if applicable): *		Call Sign:	
LOA:		Gross Tonnage:	
Year of Build: Number of crew on- board:		Hull Material: If applicable, number of passengers on-	
Boura.		board:	
Departure from last port:*	Date:	Voyage: *	From:
	Time:		То:

ection C: Brief description of the sequence of events leading to the incident					