

# OREGON BOARD OF MARITIME PILOTS

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## REPORT OF MARINE INCIDENT

1. Name of Vessel or Facility		2. Nationality	3. Type <small>(Towing, Freight, Fish, Drill, etc.)</small>	4. Length  5. Breadth			
6. Gross Tons	7. Year Built	8. Propulsion <small>(Steam, diesel, gas, turbine ...)</small>	9. H.P.	10. Draft <i>Ft. - Fwd</i> <i>In. - Aft</i>			
11. Location (Berth, or range and bearing to nearest fixed aid to navigation or land mark. Include largest scale chart.)			12. Date (of occurrence)	13. Time (local)			
14. Name, Address & Telephone Number of Operating Company (Agent)							
15. Name of Master or Person in Charge			16. Name of Pilot				
Telephone #	Nationality of Master's License		Telephone #	State License Number  Federal License Number			
17. Casualty Elements							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Hazardous Material Released or Involved  <input type="checkbox"/> Oil Spill-Estimated Amount _____  <input type="checkbox"/> Grounding  <input type="checkbox"/> Flooding: Swamping Without Sinking  <input type="checkbox"/> Capsizing  <input type="checkbox"/> Collision                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Foundering or Sinking  <input type="checkbox"/> Heavy Weather Damage  <input type="checkbox"/> Fire  <input type="checkbox"/> Explosion  <input type="checkbox"/> Damage to Aids to Navigation  <input type="checkbox"/> Damage to Dock  <input type="checkbox"/> Cargo Damage                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Steering Failure  <input type="checkbox"/> Machinery or Equipment Failure  <input type="checkbox"/> Electrical Failure  <input type="checkbox"/> Structural Failure  <input type="checkbox"/> Wake Damage  <input type="checkbox"/> Injury  <input type="checkbox"/> Loss of Life                 </td> </tr> </table>					<input type="checkbox"/> Hazardous Material Released or Involved <input type="checkbox"/> Oil Spill-Estimated Amount _____ <input type="checkbox"/> Grounding <input type="checkbox"/> Flooding: Swamping Without Sinking <input type="checkbox"/> Capsizing <input type="checkbox"/> Collision	<input type="checkbox"/> Foundering or Sinking <input type="checkbox"/> Heavy Weather Damage <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Damage to Aids to Navigation <input type="checkbox"/> Damage to Dock <input type="checkbox"/> Cargo Damage	<input type="checkbox"/> Steering Failure <input type="checkbox"/> Machinery or Equipment Failure <input type="checkbox"/> Electrical Failure <input type="checkbox"/> Structural Failure <input type="checkbox"/> Wake Damage <input type="checkbox"/> Injury <input type="checkbox"/> Loss of Life
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18. Conditions							
A. Sea or River Conditions <small>(wave height, river stage, etc.)</small>	B. Weather	C. Time	D. Visibility	E. Distance (miles) _____ <small>(of visibility)</small>			
	<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____	<input type="checkbox"/> Daylight <input type="checkbox"/> Twilight <input type="checkbox"/> Night	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	F. Air Temperature _____ G. Wind Speed _____ & Direction _____ H. Current Speed _____ & Direction _____ I. Relevant Sounding Charts with Vessel Location _____ J. Soundings Taken (Groundings Only) _____			
19. Navigation Information							
<input type="checkbox"/> Moored Docked or Fixed <input type="checkbox"/> Anchored <input type="checkbox"/> Underway or Drifting Time of First Line _____  Time of Last Line _____	OR	Speed _____ Course _____ Standby _____  F W E	<input type="checkbox"/> Inbound Time Transit Began _____ <input type="checkbox"/> Outbound Time Transit Began _____ <input type="checkbox"/> Shifting From _____ to _____ <input type="checkbox"/> Berthing/Unberthing				

SEE NEXT PAGE FOR ADDITIONAL REPORTING INFORMATION

20. Personal Protective Equipment used:

21. Describe Incident:

\_\_\_\_\_  
Pilot

Date received by Board: \_\_\_\_\_

Investigators:

\_\_\_\_\_  
Oregon Board of Maritime Pilots

\_\_\_\_\_  
Oregon Board of Maritime Pilots

\_\_\_\_\_  
Oregon Board of Maritime Pilots

Disposition \_\_\_\_\_ Filed \_\_\_\_\_ Other (Describe Below)

See **OAR 856-019-0001 Incident Reports; Duty to Report** for reporting requirements.