

BOARD OF PILOT COMMISSIONERS MARINE INCIDENT REPORT

Section 310.111, Florida Statutes, and the Rules of the Board of Pilot Commissioners promulgated thereunder, require the reporting of all collisions, groundings, strandings or other marine perils sustained by vessels on which there was employed a licensed State Pilot or Certified Deputy Pilot. This shall be reported to the office of the Board or the piloting consultant within 48 hours of the occurrence. In addition, a written report shall be submitted to the Department on forms and in the manner prescribed by the Department within seven (7) days of the occurrence. HOWEVER ANY MARINE INCIDENT INVOLVING OIL SPILLAGE, POLLUTION, PHYSICAL INJURY OR DEATH SHALL BE REPORTED TO THE BOARD OR THE PILOTING CONSULTANT BY TELEPHONE OR TELEGRAM WITHIN 24 HOURS OF THE OCCURRENCE IN ADDITION TO THE REQUIRED WRITTEN REPORT.

SEND TO:	Board of Pilot Commissioners 1940 North Monroe Street Tallahassee, FL 32399-0773 850.717.1980 850.617.4456 (fax)	or	Galen Dunton 1770 Hammock Drive Amelia Island, FL 32034 904.277.0039 865.251.9761 (fax)
----------	--	----	---

NOTE: "Not Available" or "N/A" is not an acceptable response to any question. Failure to fully and accurately complete this report will result in disciplinary action against the licensed State Pilot or Certified Deputy Pilot.

1. Name and License Number of Pilot: _____

2. Port: _____

3. Date of filing of this report: _____

4. Initial report of incident as required by Section 310.111, Florida Statutes:

Date: _____ Time: _____ AM / PM

Indicate if the incident was reported to the Board Office or to the Pilot Consultant.

5. Was there any oil spillage, pollution, physical injury or death involved in this incident?

_____ YES _____ NO

If the answer is "YES", give complete details of the oil spillage, physical injury or death on a separate sheet to be attached to this report.

6. Name of vessel, type, flag, and gross registered tonnage upon which you were serving as Pilot:

7. Length and beam of vessel: _____

8. If U.S. flag vessel, indicate whether operating under register or enrollment. If uncertain, provide available information concerning employment: last port, next port, origin, or destination of cargo discharged or loaded, etc.

9. If the incident was a collision, name, flag, type and gross registered tonnage of the other vessel(s) involved:

10. If the incident was not a collision but involved striking a dock or wharf, a moored vessel or other property, give the name of the vessel(s) or other property involved:

11. Were tugs being utilized during the incident? _____ YES _____ NO

If the answer is "YES", provide the name of the tug(s), horsepower of the tug(s) and the propulsion type of the tug(s).

12. Provide the specific position of the incident (describe in terms of channel, nearby buoys, lights, daymarks, pier or berth designations, etc.).

13. Provide the specific nature of the incident. _____

14. Time and location of the boarding and leaving of the vessel by the Pilot:

15. Weather conditions at the time of the incident:
 General description of weather: _____ State of tide: _____
 Wind direction (from): _____ Speed (knots): _____
 Current direction (from): _____ Force (knots): _____
16. Drafts of your vessel at the time of the incident:
 Forward: _____ Midships: _____ Aft: _____
17. Depth of water at position of incident: _____
18. Detailed description of damage to vessel you were piloting, if any: _____

19. Detailed description of damage to other vessel(s) of property, if any: _____

20. Name, address and phone number of agent vessel upon which you were serving as Pilot:

21. Name, address and phone number of agent and/or owner of other vessel(s) or property involved:

You should attach a copy of the bell book or the ship's log entries covering this incident. If necessary, you may attach additional pages containing remarks or comments regarding this incident.

Signature of Pilot

Print Name of Pilot

Date

DP/SP License #

Telephone Number