



Accident Report Form (ARF)

The Merchant Shipping (Accident Reporting and Investigation) Regulations 2020 requires that marine accidents (including serious injuries) and marine incidents (commonly known as 'near misses') be reported to the MSIRA. MGN 1 of 2020 provides further information on who should report marine accidents and the definitions of what a marine accident is.

Initial notification

To report an accident or incident, you should phone the MSIRA's dedicated accident reporting line at 1(284)468-2087, which is monitored between 8:00 a.m. and 4:00 p.m. After which you can expect to be asked to complete this accident report form (ARF). Call 1(284)468-9035 for serious accidents after working hours. Note: Those directly involved with the operation of a vessel (masters or skippers, and owners or managers) or authorities ashore (BVI Port Authority, and Virgin Islands Shipping and Maritime Authority) must notify the MSIRA about any accidents or incidents.

Completion of the ARF

This form must be completed electronically, with drop-down boxes to aid completion, and sent to MSIRA@gov.vg. Please try to answer as many questions as possible, as this reduces the need for us to contact you for further information or clarification. If information is not known, select or type 'unknown', and if a question is not applicable, select or type 'n/a'. Numerical fields can be left blank. If you are reporting multiple instances of accidents or marine incidents, these should be submitted on separate forms.

The MSIRA aims to help prevent further avoidable accidents, not to establish blame or liability

Contact Details

Person completing the form

Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		Phone number <input type="text"/>
Job role	<input type="text"/>		Company name <input type="text"/>
Company Contact details	<input type="text"/>		

Vessel Details

Name of vessel	<input type="text"/>		
Type of vessel	<input type="text"/>	Contact number for vessel	<input type="text"/>
If type of vessel is a fishing vessel, please select from the following	<input type="text"/>		
Flag state	<input type="text"/>		
IMO number	<input type="text"/>	MMSI	<input type="text"/>
Call sign	<input type="text"/>	RSS/SSR/PLN (port letters and numbers)	<input type="text"/>
Other registration numbers	<input type="text"/>		
Length overall (m)	<input type="text"/>	Registered length (m)	<input type="text"/>
Gross tonnage	<input type="text"/>	Year of build	<input type="text"/>
Hull material	<input type="text"/>		
Did the occurrence involve a vessel's boat? (Do not include SAR involvement)			<input type="text"/>
Number of people on board at the time of the occurrence			

Crew		Passengers		Others		Other includes: non-crew (eg pilots, shore workers) working on board vessels; people who have paid to be actively involved in crewing a vessel.
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Any Additional Vessels Involved

For each new vessel, click the plus symbol at the end of the section

Name of vessel		Type of vessel	
Any known registration numbers			

Occurrence Details

Occurrence type		Date		Local time	
Sea state		Wind force			
Natural light		Weather conditions			
Visibility					
Latitude		°		'	
Longitude		°		'	
If lat/long unknown, please provide description of location					

Voyage Data

Voyage segment		Vessel routing	
Under pilotage or PEC direction		Vessel operation(s) at the time of the occurrence	
Port of departure		Port of destination	

Consequences

Please tick any relevant box(es)

Was shore assistance required	<input type="checkbox"/>	Was towage required	<input type="checkbox"/>	Did the vessel sink	<input type="checkbox"/>	Was the vessel unfit to proceed	<input type="checkbox"/>
Was search and rescue involved	<input type="checkbox"/>	Was the vessel damaged	<input type="checkbox"/>	Was the cargo damaged	<input type="checkbox"/>	Was there any pollution	<input type="checkbox"/>

Please provide details of any damage or pollution

Description of Occurrence

Description of the sequence of events leading to and including the occurrence

Please state why you think the occurrence happened

Give details of any action recommended by you or anyone else to prevent similar occurrences in the future

Recommended action

Who issued the recommendation?

Who was it addressed to?

Injuries & Fatalities

Number of people with minor injuries (up to 72 hours incapacitated/off work)

Number of people with serious injuries (over 72 hours incapacitated/off work)

Number of missing
persons

Number of lives lost

For each new casualty, click the plus symbol at the end of the casualty section

Casualty

Person type

Age

Gender

Nationality
(by country)

Physical
condition

Was a lifejacket used

Type of Injury

Part of the body injured

Where on the vessel did the injury
happen

Was this an enclosed space?

For injuries only: total number of days
incapacitated/off work if known

Any further information

Additional Information

Additional data or information considered relevant