

# EMERGENCY REPORT FORM

## For Ship to Port Office Communications

**Ship's name**  
(circle one)

**Atlantis      Armstrong**

Ship Personnel who placed the call	
Port Office Personnel who took the call	

**Check all Emergencies that apply to this incident:**

<input type="checkbox"/>	Fire	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Loss of steering
<input type="checkbox"/>	Grounding	<input type="checkbox"/>	Flooding	<input type="checkbox"/>	Collisions/Hull Damage/Excessive List
<input type="checkbox"/>	Oil spill	<input type="checkbox"/>	Man overboard	<input type="checkbox"/>	Abandon ship
<input type="checkbox"/>	Medical emergencies	<input type="checkbox"/>	Hazmat spills/Clean up	<input type="checkbox"/>	Vapor/Smoke Release
<input type="checkbox"/>	Piracy	<input type="checkbox"/>	Other (Please specify)		

Time of first communication		
-Subsequent communications		from
-Subsequent communications		from

Date and time of incident		
Bearing and distance from landmark	Bearing/miles:	Landmark:
Position:	Latitude:	Longitude:
Course and Speed	Course:	Speed:
Wind	Direction:	Speed:
Swells	Direction:	Height:

<b>Do you require us to notify the Coast Guard?</b>	
<b>Anyone else?</b>	

**Details of incident:**


**Port Office Procedures for follow-up:**

Emergency reported to:		Time:	
Emergency reported to:		Time:	
Responses:			
Entered into NS5 by:		Date:	

**Circle one:                      Emergency                      Drill**