

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: | |

| | |
|--|--|
| <p>Do you require us to notify the Coast Guard?</p> | |
| <p>Anyone else?</p> | |

Details of incident:

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Port Office Procedures for follow-up:

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

Circle one: **Emergency** **Drill**