



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

MAR

FOR DIVISION USE ONLY

Board of Marine Pilots

PO Box 110806, Juneau AK 99811

Phone: (907) 465-2550

Email: BoardOfMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Alaska Board of Marine Pilots Accident/Incident Report Form

12 AAC 56.960(d). If a vessel piloted by a state licensed pilot is involved in a collision, allision, or grounding, the pilot shall, no later than 72 hours after returning ashore after the incident, file with the marine pilot coordinator an incident report as described in 12 AAC 56.965.

In accordance with 12 AAC 56.960(f), a pilot who fails, neglects or refuses to make a report to the board is subject to disciplinary provisions of AS 08.62.150 and 08.62.155.

This is the reporting form required by the Board. Submit this report to:

Alaska Board of Marine Pilots
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

PART I Pilot Information

Pilot Name:		License Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Contact Phone:	

PART II Vessel Information

Name of Vessel Piloted:			
Flag:		IMO Number:	
Port of Registry:		Radio Call Sign:	
Description of Vessel's Cargo:			
Type:		Length Overall:	
Gross Registered Tonnage:		Deadweight Tonnage:	
Drafts at Time of Accident or Incident: (Forward)		Drafts at Time of Accident or Incident: (Aft)	

PART II Vessel Information (continued)

Master Name:			
Master Address:	P.O. Box or Street	City	State Zip
Vessel Agent Name:			
Vessel Agent Address:	P.O. Box or Street	City	State Zip

PART III Accident / Incident Information

Date and Time of Accident or Incident:			
Location of Accident or Incident: (Latitude and Longitude)		Fathometer Reading:	
At or Near What Port, Waterway or Channel:			
Name and Number of Chart in Use at the Time:			
This Accident or Incident was a:			
<input type="checkbox"/> Grounding <input type="checkbox"/> Stranding <input type="checkbox"/> Collision/allision with another vessel or vessels <input type="checkbox"/> Allision with a gillnet <input type="checkbox"/> Allision with a floating aid to navigation; <input type="checkbox"/> Allision with a fixed object or objects such as a dock or wharf or fixed aid <input type="checkbox"/> Other (Describe): _____			
Gyro Course at Time of Accident or Incident:			
This Accident or Incident Took Place While:			
<input type="checkbox"/> Anchoring <input type="checkbox"/> Getting Underway from Anchor <input type="checkbox"/> Docking or Maneuvering to Dock <input type="checkbox"/> Undocking <input type="checkbox"/> In Transit of Pilotage Waters <input type="checkbox"/> Other (Describe): _____			
Wind Direction and Velocity:		Visibility:	
Tide Was:	<input type="checkbox"/> Rising <input type="checkbox"/> Falling <input type="checkbox"/> Slack		
Time and Height of Last High or Low Water:		Time and Height of Next High or Low Water:	
Direction and Velocity of Tidal Current, if Any:			
Time and Date You Notified U.S. Coast Guard:		Notification to U.S. Coast Guard By:	<input type="checkbox"/> Phone <input type="checkbox"/> Form 2692

PART III Accident / Incident Information (continued)

Did the ships officers or company representative initiate any investigative action or repairs?
Explain:

Yes No

If this accident/incident was a collision with another vessel or vessels, give name, flag, type and gross registered tonnage:
(If known)

If this accident/incident was an allision with a dock, wharf, or other fixed man-made object, give name of object or facility and name of owner or operator:

Describe the damage, if any, to the vessel you were piloting:

Describe the damage, if any, to the other vessel, its equipment or fishing gear:

Describe the damage, if any, to the dock, wharf, or other fixed object:

Was there death, physical injury, oil spillage or pollution as a result of this accident or incident?
If yes, describe:

Yes No

Were tugs in use during this accident/incident? If yes, give name(s) of tug(s), name of tug master and full details of how tug(s) were used:

Yes No

Who had the conn?

PART IV Signature

Give a full narrative description with a sketch, if appropriate, of the accident/incident (attach on separate page.)

Narrative/sketch attachment provided with this report?

- Yes
- No

List these items on separate piece of paper:

1. List names and positions of ships officers who were present on the bridge when the accident/incident occurred.
2. List names, addresses, and phone numbers of all other persons involved in the incident.
3. List names, addresses and phone numbers of any witnesses to the accident/incident.

Printed Name:

Signature:

Date Signed: