

**Complete all sections that apply**

**Transportation Safety Board of Canada (TSB)**  
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Date of occurrence		Location (geographical name of body of water, waterway, harbour or berth)		
Year	Month	Day		
Time of occurrence	<input type="checkbox"/>	Latitude		
	<input type="checkbox"/>	Longitude		
<b>Vessel particulars</b>				
Name of vessel	Transport Canada vessel registration #	DFO vessel registration #	IMO #	AIS/MMSI #
			1	
Fishery involved in at the time of the occurrence	Master's contact information (phone, email, address)			
Gear type in use at the time of the occurrence	Owner's contact information (phone, email, address)			

☐ boarding, being on board    ☐ falling overboard from the ship    ☐ coming into direct contact with any part of the ship    ☐ a person falls overboard (*not resulting in injury*)

☐ a crew member whose duties are directly related to the safe operation of the ship is unable to perform their duties as a result of a physical incapacitation which poses a threat to the safety of persons, property or the environment

☐ the navigation equipment if the failure poses a threat to the safety of any person, property or the environment,

☐ the main or auxiliary machinery, or

☐ the propulsion, steering, or deck machinery if the failure poses a threat to the safety of any person, property or the environment;

☐ is involved in a collision      ☐ is involved in a risk of collision

☐ sustains damage that affects its seaworthiness or renders it unfit for its purpose

☐ goes aground      ☐ makes unforeseen contact with bottom without going aground      ☐ is anchored, grounded or beached to avoid an occurrence,

☐ fouls a utility cable or pipe, or an underwater pipeline

☐ all or part of the ship's cargo shifts or falls overboard; or

☐ there is an accidental release on board or from the ship of dangerous goods (*such as diesel oil, hydraulic oil, lube oil*)

☐ sinks      ☐ founders      ☐ is missing      ☐ is abandoned

Describe corrective actions taken, if any, to reduce the risk of a similar occurrence happening in the future.

Vessel damage				Damage to other vessel(s)/other object(s)	
<input type="checkbox"/> Total loss <input type="checkbox"/> Partial Loss				Object description (e.g. berth, buoys, other vessels, shore installations, bridge):	
Brief description of location and extend of damage					
<div>None</div> <div>Minor</div> <div>Major</div>				Description of damage:	
<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>					

CONDITIONS					
Visibility		Sea conditions		Wind	
Distance in miles		Light condition		Wind direction	
<input type="checkbox"/> Miles <input type="checkbox"/> Cables <input type="checkbox"/> Metres		<input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight		Wind speed in knots	
Weather Conditions		Swell height metres		Check if the vessel is licenced for multiple fisheries <input type="checkbox"/>	
<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	Temperature		Other	
<input type="checkbox"/> Fog	<input type="checkbox"/> Sleet	Air <input type="checkbox"/> °C <input type="checkbox"/> °F		Nature of operation at time of occurrence (e.g., fishing, traveling, pleasure, etc.):	
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow	Water <input type="checkbox"/> °C <input type="checkbox"/> °F		Check if equipped for multiple fishing at the occurrence time <input type="checkbox"/>	
<input type="checkbox"/> Overcast	<input type="checkbox"/> Thunderstorm/Lightning			Check if the vessel is licenced for multiple fisheries <input type="checkbox"/>	

SHIPBOARD EQUIPMENT							
Onboard / used		Onboard / used		Onboard / used		Onboard / used	
Radar 1	<input type="checkbox"/> <input type="checkbox"/>	ECDIS	<input type="checkbox"/> <input type="checkbox"/>	Personal floatation device	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Radar 2	<input type="checkbox"/> <input type="checkbox"/>	ECS (plotter)	<input type="checkbox"/> <input type="checkbox"/>	Life jackets	<input type="checkbox"/> <input type="checkbox"/>		
Compass	<input type="checkbox"/> <input type="checkbox"/>	GPS	<input type="checkbox"/> <input type="checkbox"/>	Immersion suits	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
VHF	<input type="checkbox"/> <input type="checkbox"/>	Echo sounder	<input type="checkbox"/> <input type="checkbox"/>	EPIRB	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Automatic pilot	<input type="checkbox"/> <input type="checkbox"/>	AIS	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>
Other	<input type="checkbox"/> <input type="checkbox"/>	Specify		Other	<input type="checkbox"/> <input type="checkbox"/>	Specify	

PERSONNEL								
Watchkeeping			Victims (fatalities or injuries)					
	Master or person in charge	Officer of the watch	Last name		First name		Rank on board	
	Last name							
	First name		Hospitalized	On duty/watch	Gender		Location on board	
	Grade of certificate		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Certificate #		DOB	Body part(s)	Injury type (fracture, burn)		Mode of injury (fall, slip)	
	Duty schedule							
	On duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person in water	Recovered	Time in water	Hypothermia	Lifejacket/PFD
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INFORMATION REGARDING PERSON COMPLETING THIS FORM			
<input type="checkbox"/> Check if same as name and address of owner or manager and complete date only.			
Last name			First name
Address			Position
Telephone			Email
Date completed	Year	Month	Day

