



**ROYAL CANADIAN MARINE
SEARCH & RESCUE**
Saving Lives on the Water

6040 East Sooke Rd.
Sooke, B.C. V9Z 0Z7
T: 778.352.1780
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(•rcmsar.com•)

FOR OFFICE USE ONLY

ACCIDENT/DANGEROUS OCCURRENCE REPORT

Complete Only Those Sections That Apply

Name of contact person:	Phone Number:
<input type="checkbox"/> Station Leader <input type="checkbox"/> Other (specify)	Email:

PART 1 – PARTICULARS OF VESSEL & OF THE REPORTABLE ACCIDENT OR INCIDENT (required for all occurrences)

Name of vessel	Registration number
Type of vessel	Power
Engine make and model	Hull material
Year built	Length
Location (geographical name of body of water, waterway or harbour)	Latitude Longitude
Date of occurrence	Time of occurrence (hh:mm)
REPORTABLE ACCIDENT	REPORTABLE INCIDENT



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<input type="checkbox"/> Collision <input type="checkbox"/> Striking another object (specify) <input type="checkbox"/> Sustains damage that affects seaworthiness or renders unfit for its purpose <input type="checkbox"/> Grounding <input type="checkbox"/> Foundering <input type="checkbox"/> Fire <input type="checkbox"/> Other (specify) <input type="checkbox"/> Sinking <input type="checkbox"/> Capsizing A person sustains a serious injury (requiring admission to hospital) as a result of:	<input type="checkbox"/> A person falls overboard (not requiring admission to hospital) <input type="checkbox"/> Bottom contact without grounding <input type="checkbox"/> Crew member physical incapacitation, that poses a threat to the safety of any person, property or the environment <input type="checkbox"/> Intention anchoring or grounding or beaching to avoid an accident <input type="checkbox"/> Risk of collision <input type="checkbox"/> Other (specify) Threat to the safety of any person, property or the environment due to the total failure of: <input type="checkbox"/> Navigation equipment <input type="checkbox"/> The main or auxiliary power engine <input type="checkbox"/> The propulsion or steering machinery <input type="checkbox"/> Any other dangerous situation which could have resulted in an accident (specify)
Accident Description:	
Account of rescue services rendered:	



PART 2 – ENVIRONMENTAL CONDITIONS DURING THE REPORTABLE ACCIDENT OR INCIDENT (required for all occurrences)

Weather Conditions		Sea Conditions	Wind
<input type="checkbox"/> Clear <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Overcast		Sea state:	Direction:
		Swell (direction, height):	Speed (knots):
Visibility			Temperature
Distance:	Condition:		Air: <input type="checkbox"/> °C <input type="checkbox"/> °F
<input type="checkbox"/> NM <input type="checkbox"/> Cables	<input type="checkbox"/> Day <input type="checkbox"/> Night		Water: <input type="checkbox"/> °C <input type="checkbox"/> °F
<input type="checkbox"/> Feet	<input type="checkbox"/> Twilight		

PART 3- OCCURRENCE VESSEL (required for all occurrences)

Last Vessel Inspection			Number of Persons on Board			Number of Casualties	
Place			Crew			Injured persons	
Issued by			Passengers			Minor injuries	
Issue date						Serious injuries (injury that is likely to require admission to hospital)	
List of Casualties (if more space is required, use separate sheet)							
Surname	Given Name	DOB	Age	Address	Role at time of occurrence	Occupation	Type of Injury
Intended Training Details							
Departed			Intended Destination				
Date							
Time							
Description of intended training							



Nature of operation at time of occurrence (eg., high speed, docking, cruising, shore approach, etc.)	
List of life saving appliances and/or safety equipment used (fire extinguisher, pumps, etc.)	Number of persons evacuated

PART 4 – PERSONNEL (required for all occurrences)

Personnel	Coxswain On Duty <input type="checkbox"/> YES <input type="checkbox"/> NO	Helmsman	Navigator	Other(s)
Surname				
Given name				
Hours awake before occurrence				
Total hours of sleep in last 24 hrs				
Total duration of last sleep period				
Total duration of call-out or training exercise prior to accident				

PART 5 – DAMAGE (in case of damage to property)

Vessel Damage	Damage to Other Vessel(s)/Other Object(s)
<input type="checkbox"/> Total loss <input type="checkbox"/> Constructive total loss <input type="checkbox"/> Partial loss	<u>Give brief description of damage to:</u> Other objects
Brief description of damage	Other vessels Shore installations or other
State value of damage/total loss if know - \$	State value of damage/total loss if know - \$



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PART 6 – ADDITIONAL INFORMATION RELATED TO PERSONAL INJURY/HAZARDOUS OCCURRENCE

Type of Occurrence	
<input type="checkbox"/> Minor	<input type="checkbox"/> Disabling Injury
<input type="checkbox"/> Other (specify)	
Witnesses	First Aid attendant's name and contact #
Site of hazardous occurrence	Direct causes if accident
Specific training in accident prevention given to injured employee/member in relation to duties performed at the time of the hazardous occurrence (PPE worn?)	