



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

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FOR OFFICE USE ONLY

## **NEAR MISS 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 Near Miss (required for all occurrences)**

Station Number - Location	Vessel Name
Type of vessel	Year Built
Engine make and model	Hull material
Location (geographical name of body of water, waterway or harbour)	Latitude Longitude
Date of near miss	Time of near miss (hh:mm)
<b>Near Miss description</b>	



Events leading up to near Miss:

Actions if any taken to avoid an Incident:

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

**PART 3- OCCURRENCE VESSEL (required for all occurrences)**

**PART 4 – PERSONNEL (required for all occurrences)**

Personnel	Coxswain	Crew	Crew	Crew
Surname				
Given Name				