



THE NEW JERSEY MARITIME PILOT & DOCKING PILOT COMMISSION REPORT OF MARINE OCCURRENCE

Instructions: This report must be completed and faxed to the Commission's office at (973) 491-4352 not later than seventy-two hours after the Occurrence. In the event you are directed by the Coast Guard to appear for an interview, advise the Commission as soon as you know the date and time.

Please fill out this report completely and to the best of your ability.

Pilot Information

Name: _____

(print)

Home address: _____

Email address: _____

Office phone: _____ Home Phone _____ Cell phone _____

Affiliation: _____

(e.g. Sandy Hook Pilot, Metro Pilot, etc.)

Vessel Information

Name: _____ Type: _____

(tank, container, etc.)

Flag: _____ Port Agent: _____

(name and telephone number)

Running Gear: _____ Engine(s): _____

(single, twin, azipod, fixed, variable, LH, RH)

(diesel, turbine, diesel/elec., hp, or kw)

Drafts: Forward _____ aft. _____ air _____ ballast: _____

(loaded, full, partial)

Length: _____ Breath: _____

The Occurrence

Date, time and location of your boarding the vessel: _____

Time and location that you assumed the con: _____

Nature of Occurrence: _____

(collision, grounding, allision, power loss, steering loss, near miss, etc.)

Passage segment: _____
(e.g. Ambrose to KVK, berth to anchorage, etc.)

Location of Occurrence: _____
(e.g. KVK between buoys ___ and ___, latitude _____ longitude _____)

Date: _____ Time: _____

Wind: from: _____ velocity: _____ gusts: _____
(degrees) (knots) (knots)

Visibility: _____ Weather conditions: _____
(distance) (clar, rain, fog, etc.)

Tide: _____ Current: _____
(e.g. 1 hour after low water at the Battery) (e.g. 100 degrees at 2 knots)

If a collision: Name and description of other vessel: _____

Pilot by: _____ Damage: _____

Damage to other property, if not a vessel: _____
(describe property and damage)

Damage to vessel you were aboard: _____

Personal Injuries: _____
(location of persons at time and extent of injuries)

Did the Occurrence result in any discharge into the water: _____
(if yes, identify substance)

Name and addresses and employees of all witnesses and locations at time of occurrence: _____

Full details of the Occurrence: (use additional sheets if necessary to give a **full** description, include a sketch or sketches. Sketches need not be to scale)

Lined area for full details of the Occurrence.

In Your opinion, what were all of the causes of this Occurrence:

Lined area for causes of the Occurrence.

Notifications

Coast Guard notification: _____ date, time of notice: _____

Name of person notice given to or officer in charge: _____

Name of person giving notice: _____ method: _____
(VHF, landline, other)

NJ Commission notification: _____ date, time of notice: _____

Method: _____
(telephone, fax, state number called or faxed)

Tests

Alcohol test, date, time and place: _____

Drug test sample collected, date, time and place: _____

Tracking Device

Was a carry on lap-top chart computer being used at the time of the Occurrence? _____

Was the tracking capability activated? _____ Was the track preserved? _____

Present location of the device and preserved track: _____

72 Hour Work/Rest Log

Please include travel time as it may be considered work related.

Date	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Date	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
Date	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Date	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24
Date	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12
Date	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24

If currently available attach hereto: alcohol-testing form with results: evidence of drug test sample taken; pilot card; copy of deck log; copy of bell log, copy of deck log, copy of maneuvering card, copy of course recorder, photos.

The undersigned hereby certifies that to the best of his/her belief the information herein is true and correct.

Pilot: _____
(signature)

Date: _____