

	FEDERAL REPUBLIC OF SOMALIA SOMALIA SHIP REGISTER In accordance with Regulations Governing the Registration of Maritime Vessels, 2025	
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Casualty Report Form

IMPORTANT: This return should be completed with as much information as possible and forwarded by the fastest mode of communication available, without delay — e.g. email to emergency@somaliashipregister.com

Somalia Maritime Administration and SSRL require Masters to report damage sustained by, or accidents caused to, Somalia registered vessels. These include loss of life, total loss of vessel, serious injuries, and damage that affects the vessel's seaworthiness or efficiency. Under the Maritime Act, the Maritime Administration and SSRL have the power to hold a Preliminary Investigation in matters such as damage to the vessel, any damage caused by the vessel, grounding of the vessel and abandonment of the vessel. Pollution incidents must also be reported to the Coastal State.

Under the Act, the following categories are required to be reported:

1. Loss of Life
2. Total Loss of the Vessel
3. Serious Injury
4. Material Damage affecting the Vessel's structural integrity and seaworthiness
5. Machinery or Hull Damage affecting the Vessel's efficiency and operability
6. Major Fire and/or Explosion
7. Any Damage to another Ship
8. Any Damage caused by the Ship
9. Stranding or Grounding of Ship
10. Abandonment of Ship
11. Pollution
12. Attacks (Piracy)

Maritime Administration and SSRL require Passenger and Cargo ships to report any accident or defect which is discovered which affects any of the following (these must also be reported to the Port State as required):

13. The Safety of the Ship
14. Integrity of the Ship
15. The Safety of the Passengers and Crew
16. The Efficiency of the Ship's Equipment
17. The Completeness of the Ship's Equipment
18. The Ship's Safety Equipment
19. Mandatory Environmental Protection / anti-pollution Equipment

SECTION A	
Date of Incident (DD/MM/YYYY)	Time of Incident (state UTC (GMT) or local time)
Name of Vessel	Official Number
Name and Address of Owner / Manager	Name, IMO No. and Port of Registry or Nationality of any other vessel involved

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Date and Time of Departure from the Last Port			
Voyage — From			
Voyage — To			
Location of Incident (latitude & longitude, name of Port, or other geographical reference)			
Traffic Density at the time of the Incident			
Light	Visibility	Sea State	Wind Force (Beaufort)
☐ Light	☐ Good (>5 NM)	☐ Sheltered waters	☐ Force 0–3
☐ Semi dark	☐ Moderate (2–5 NM)	☐ Calm	☐ Force 4–6
☐ Dark	☐ Poor (1–2 NM)	☐ Moderate	☐ Force 7–9
☐ Artificial	☐ Fog (<1 NM) — specify	☐ Rough	☐ Force 10–12
☐ Unknown		☐ Other	☐ > Force 12
Did the incident occur within the port limits?	☐ Yes ☐ No	Wind Direction	

Type of Incident (please tick the appropriate boxes):

☐ Collision	☐ Grounding
☐ Contact (Allision)	☐ Fire or Explosion
☐ Loss of Hull Integrity	☐ Failure of Hull / Watertight Doors / Ports, etc.
☐ Flooding / Foundering	☐ Vessel missing
☐ Critical Equipment Failure	☐ Damage to Ship or Equipment
☐ Capsizing or Listing	☐ Heavy Weather damage
☐ Pollution	☐ Breach of Security / Attacks / Piracy
☐ Missing – Assumed Lost / Attempted Suicide / Suicide	☐ Injury to Persons
☐ Disease	☐ Loss of Life / Death
☐ Serious Injury	☐ Persons Rescued at sea
☐ Other	

DETAILS OF AUTHORITIES NOTIFIED

Authority	Contact Name	Contact Details
Flag State		
Port Authorities		
P&I Club		
Classification Society (if applicable)		

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**SECTION C — DETAILS OF PERSON(S) KILLED OR INJURED**

Location of Incident (e.g. Engine Room, Galley,
etc.)

If more than 4 persons, use an attachment sheet. * For Operational Staff Only.

Position (e.g. Passenger)	Injured Part of Body	Age	Nature of Injury	*Hours Worked Before Incident	*Duration of Duty Period	On Duty at time of Incident
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

SECTIONS D & E — NARRATIVE

1. Please state how you think the incident happened. (If more detail is required, please complete on an additional sheet and attach.)

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2. Has any action been recommended by you or management as a result, and if so, what?

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3. Has any action been taken and, if so, by whom and what?

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SECTION F — CONSEQUENCES FOLLOWING ATTACK (PIRACY)

Status when Boarded (berthed / anchored / steaming)		Own Ship's Speed (if underway)	
Type of Attack (boarded or attempted)		Ship's Freeboard	
Consequences for Crew, Ship and Cargo: any crew injured / killed		Number of Pirates Armed	
Area of Ship under attack (fo'c'sle / mid-ships / stern etc.)		Were you in International Waters	
Nearest Coastal State		May-Day transmitted?	

SECTION G — CONTINUATION

If there is insufficient space in any part of this form for your answers or comments, please use a plain sheet of paper as a continuation sheet, number it in sequence and fasten it securely to this form. Please state clearly which sections are being expanded.

Additional sheet(s) attached	☐ Yes ☐ No	If yes, state section and number of pages