



When blank, this form is classed as **OFFICIAL**, when filled out, this form is classed as **OFFICIAL-SENSITIVE**.

Incident Name:

Date & Time

### Maritime Casualty Information

*(Refer to AMSA Form 18/19 for more details)*

Vessel Name:		Flag:	IMO Number:
Master:		Operator/Company:	
Responsible Person:			
Voyage From:		Voyage To:	
Vessel Type:		Year Built:	
Length:	Beam:	Draught:	Displacement:
Incident Date/Time:		Incident Type:	
Incident Description:			
Maritime Casualty Image		Maritime Casualty Location Map	

### Maritime Casualty Status

*(Refer to any relevant Direction/Detention Notices for more details)*

Status:	Load Condition:
Latitude:	Longitude:
Location Description:	Jurisdictional Area:
Number of Personnel On-Board:	Crew: Passengers: Other:
Fuel and Other Oils On-Board:	HFO LSFO MD OTHER
Cargo On-Board:	Yes No
Detained/Directed:	Yes No
Emergency Towing Capability:	Yes No

Incident Name:

Time & Date:

**Maritime Casualty Status**

*(Refer to any relevant Direction/Detention Notices for more details)*

Status Description:

Weather Description:

**Management Strategies**

*(Refer to Incident IAP for overall Incident Objectives)*

Maintain the safety of personnel on board including queuing rescue/evacuation as required

Oversee safety and activities of responding organisations (eg. towage/salvage plans)

Monitor the movement of the Maritime Casualty

Reduce pollution risk by prioritising removal of oils and other pollutants

Move the Maritime Casualty to a 'Safe Harbour' or 'Place of Refuge'

**Management and Response Actions Tracker**

*(Refer to ICS 233 Open Action Tracker for overall Incident Actions)*

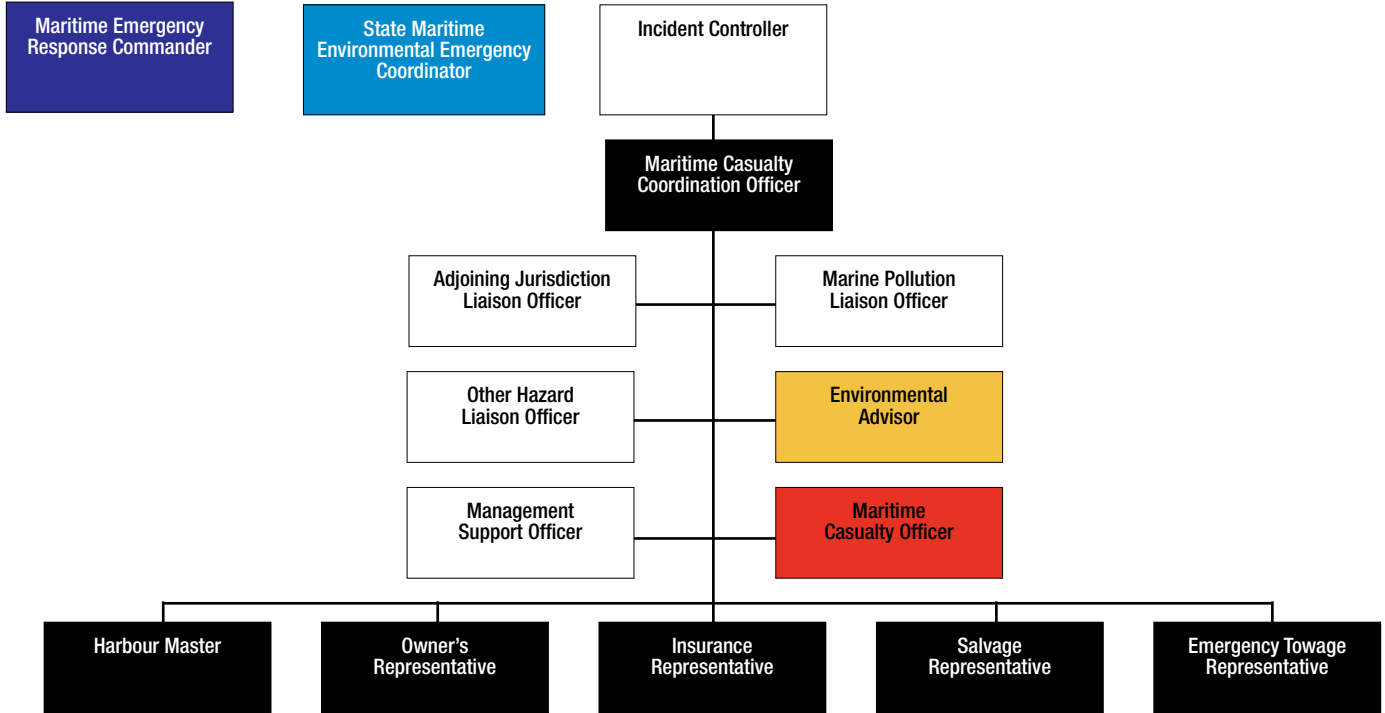
#	Action Description	Responsibility	Start. Time/Date	Status	Notes	Target. Time/Date	Comp. Time/Date
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			

Incident Name:

Time & Date:

**Organisation**

*(Refer to Incident ICS 201-3 or ICS 207 for overall Incident Organisation)*



**Contacts**

*(Refer to Incident ICS 205a for overall Incident Contact Information)*

Role/Position	Name	Organisation	Method(s) of Contact (phone, email)

Incident Name:

Time & Date:

**Resources**

*(Maritime Casualty Management Resources Only)*

ID	QTY	Description	Supplier	ETA	Arrived

**Risks**

*(Maritime Casualty Management Risks Only)*

Hazard	Mitigations	Safety Considerations	Environmental Considerations

**Incident Name:**

**Time & Date:**

**Safety**  
*(Maritime Casualty Management Requirements Only)*

Weather Parameters / Limitations

Community Safety / Exclusions

Cargo Care Requirements

Medical and Evacuation Arrangements

**Key Safety Messages**
