ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

MARITIME CIRCULAR – MC 140 25

CASUALTY REPORTING

1. Purpose

1.1. This Maritime Circular is issued to the attention of crews of vessels registered with the Saint Kitts and Nevis (SKAN) International Ship Registry.

1.2. This Administration would like to remind to Ship Masters and all serving Officers of their responsibility to report to SKAN on incidents, accidents or very serious marine casualties.

2. Introduction

The Casualty Investigation Code (*Resolution MSC.255(84)*)

2.1. *The Code of the International Standards and Recommended Practices for a Safety Investigation into a Marine Casualty or Marine Incident* (*Casualty Investigation Code*) as adopted by the IMO *Resolution MSC.255(84)* is an international set of standards and recommended practices for investigating marine casualties and incidents. It's designed to help flag states, coastal states, the International Maritime Organization (IMO), and the shipping industry conduct objective and effective investigations to prevent future accidents.

2.2. The Code mandates investigations into "very serious marine casualties" and recommends investigations into other casualties that may provide useful preventative information.

2.3. In accordance with *Resolution MSC.255(84)*, masters are to report on very serious marine casualties, such as, damage sustained by contact, collisions, groundings, or accidents resulting in the loss of life, total loss of vessel or damages that affect the vessel seaworthiness or efficiency.

3. Application

Initial email reporting

3.1. Accurate and timely reporting is vital to ensure the appropriate response can be mounted by the relevant Department.

3.2. Marine casualties should be reported to SKAN as soon as possible via mail@skanregistry.com

3.3. An initial email report should include the following information:

- Vessel's name and IMO number
- Date and time of the casualty
- Description of the casualty and details of any other vessels involved
- Vessel's location and, if at sea, next port of call
- Where applicable, that coastal State authorities have been notified

3.4. This should then be followed up with the provision of a completed *CRF 1 Form*, annexed to this Circular, detailing the casualty/incident in full detail and emailed to mail@skanregistry.com

Preservation of evidence

3.5. Access to all relevant information is vital for an effective investigation. Saving voyage data recorder data (VDR) is mandatory for marine casualties.

3.6. Other time-sensitive evidence, such as CCTV footage, should be saved to prevent overwriting. Any relevant records, documents, equipment, or material must be retained, and may be requested by SKAN for future analysis.

3.7. If an accident scene has to be disturbed before investigators can attend, system configurations should be fully documented, drawn and the area thoroughly photographed before anything is altered.

3.8. SKAN wish to emphasise that any marine safety investigation carried out is done so, in the interest of identifying safety learnings and putting forward recommendations to mitigate a recurrence, and that it is not to determine liability, or apportion blame.

If you have any questions on this matter, please contact this office at mail@skanregistry.com

Yours truly,

Graeme Morkel
Digitally signed by Graeme Morkel
Date: 2025.04.15 14:45:17 +01'00'

Mr. Graeme Morkel
Deputy International Registrar of Shipping and Seamen

ST KITTS & NEVIS
INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05
Department of Maritime Affairs, Ministry of Tourism, Transport and Ports

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 mail@skanregistry.com

CASUALTY REPORT FORM

St. Kitts and Nevis (SKAN)International Ship Registry requires Masters to report damage sustained by or accidents caused to SKAN registered vessels. These include loss of life, total loss of vessel, serious injuries, and damages that affect the vessel seaworthiness or efficiency. Under the MSA, CAP. 7.05 gives SKAN 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

Under Section 422 of the Merchant Shipping Act 1976, the Ministry of Tourism, Transport and Ports may hold a Preliminary Investigation into any casualty, therefore the following should also be reported:

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)

SKAN Registry 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 Ships Equipment
17) The Completeness of the Ships Equipment
18) The Ships Safety Equipment
19) Mandatory Environmental Protection/anti-pollution Equipment

All sections of this form shall be completed.

Section A

Date of Incident (Day/Month/Year)	Time of Incident (State UTC (GMT) or local time)
Name of Vessel	**Official Number (SKN 100XXXX)**
Name and Address of Owner/Manager	**Name, IMO No. and Port of Registry or Nationality of any other vessel involved**

Section B

Date and Time of Departure from the Last Port	Voyage Details	
	From:	
	To:	
Location of Incident (E.g. Latitude and Longitude or 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 nm – 2 NM)	☐	Moderate	☐	Force 7–9	☐
Artificial	☐	Fog – <1 NM please specify	☐	Rough	☐	Force 10–12	☐
Unknown	☐			Other	☐	> Force 12	☐
Did the incident occur within the port limits?						Wind Direction:	

** In the case of very serious and serious casualty **

VDR Preserved YES ☐

Type of Incident (Please Tick Appropriate Boxes)

Collision	
Grounding	
Contact (Alission)	
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)			

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 ☐

Section D

Please give a brief detailed description of the sequence of events leading to the incident (use additional sheets as required).

Section E

1. Please state how you think the incident happened. (If more detail is required then please complete on an additional piece of paper and attach)
2. Has any action been recommended by you or management as a result, and if so, what?
3. Has any action been taken and if so, by whom and what?

Section F

Consequences following Attack (Piracy):			
Status when Boarded (berthed / Anchored / Steaming		**Owns Ships Speed (if underway)**	
Type of Attack (boarded or attempted)		**Ships 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

Person completing Form	Countersigned by a Responsible Officer	Designated Person
Name:	Name:	Name and address:
Position:	Position:	
Signature:	Signature:	
Date:	Date:	Tel No: Email:

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 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:	