



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
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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 Towage 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)

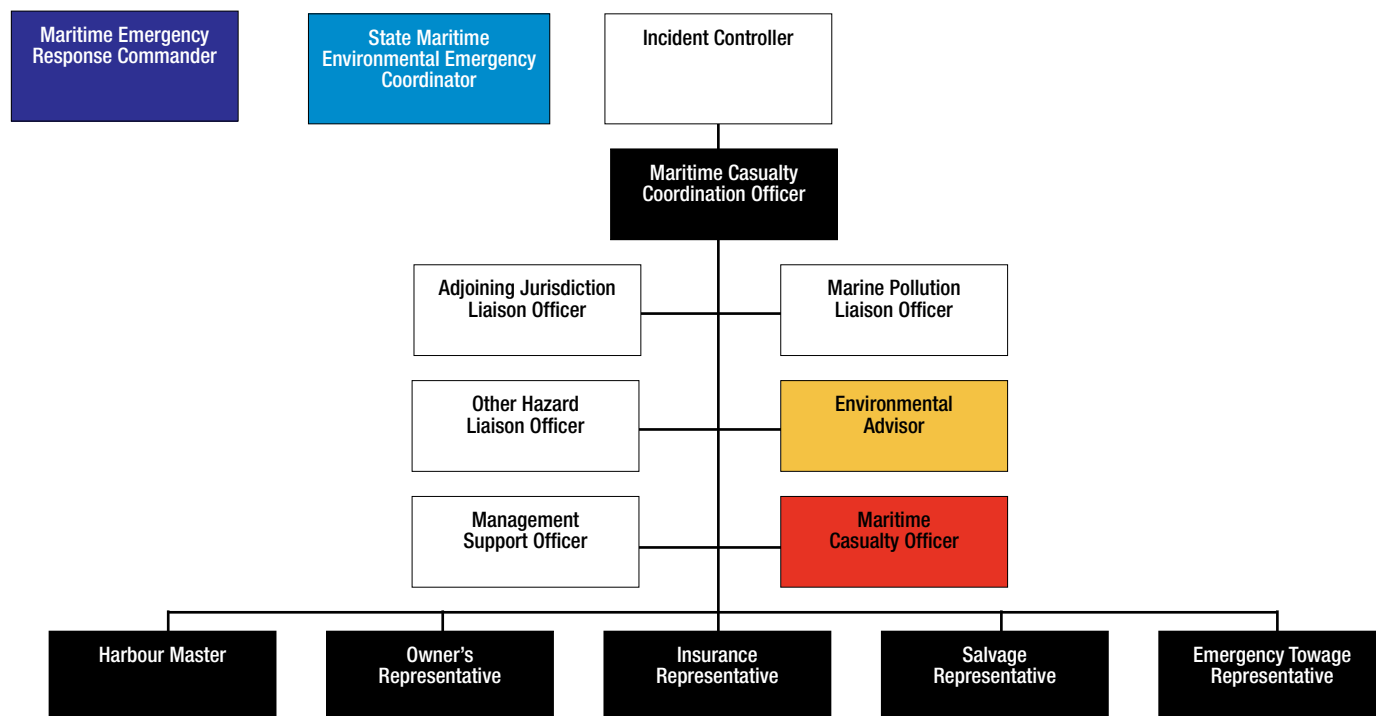
#	Action Description	Responsibility	Start. Time/Date	Status	Notes	Target. Time/Date	Comp. Time/Date
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress Complete			
				Briefed Planned In-progress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

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)

Contacts

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

[illegible]

Incident Name:

Time & Date:

Resources <i>(Maritime Casualty Management Resources Only)</i>					
ID	QTY	Description	Supplier	ETA	Arrived

Risks <i>(Maritime Casualty Management Risks Only)</i>			
Hazard	Mitigations	Safety Considerations	Environmental Considerations

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