



# PILOT'S REPORT OF MARINE SAFETY OCCURRENCE



Board of Pilotage Commissioners  
2901 Third Avenue, Ste 500; Seattle, Washington 98121  
(206) 515-3904 FAX (206) 515-3906

Date: \_\_\_\_\_  
FILE WITH COMMISSION WITHIN 10 DAYS  
ALONG WITH THE VESSEL CERTIFICATION FORM (WHITE CARD)

**Report of Marine Safety Occurrence – WAC 363-116-200 1 (b).** A state licensed pilot and state licensed pilot trainee involved in a near-miss occurrence shall complete the board required *Report of Marine Safety Occurrence* form and file it with the board as soon as possible after the near-miss occurrence, but in no event more than ten days afterwards. If a pilot trainee is involved, both the pilot trainee and the supervising pilot shall file a *Report of Marine Safety Occurrence*. A near-miss occurrence is where a pilot and pilot trainee successfully takes action of a non-routine nature to avoid a collision with another vessel, structure or aid to navigation, to avoid a grounding of the vessel or to avoid causing damages to the environment. Information relating to near-miss occurrences provided by a pilot and pilot trainee on this form shall not be used for imposing any sanctions or penalties against the pilot or pilot trainee involved in the occurrence. A state licensed pilot or pilot trainee may also use this form on a voluntary basis for reporting out of the ordinary occurrences or concerns for navigational safety encountered or observed during the course of piloting a vessel as well as safety issues encountered or observed on the vessel, the dock, or in the area around the vessel.

*If you are reporting a near-miss occurrence, you are required by law to complete this form and send it to the Pilotage Commission.*

Date of Occurrence: \_\_\_\_\_ Time of Occurrence: \_\_\_\_\_ Near-Miss: \_\_\_\_\_ or Navigational Safety Concern :

<b>Vessel #1:</b> _____ Registry: _____	<b>Vessel #2:</b> _____ Registry: _____
Length: _____ Beam _____	Length: _____ Beam _____
Draft: FWD _____ AFT _____	Draft: FWD _____ AFT _____
Other Description: _____	Other Description: _____
Navigation Status: _____ Other _____	Inside TSS Lanes: Yes No
Vessel #1 Location: _____	Vessel #2 Location or Hazard Position: _____

Wind: \_\_\_\_\_ Tide / Current: \_\_\_\_\_  
Speed: \_\_\_\_\_ Direction: \_\_\_\_\_ Speed: \_\_\_\_\_ Direction: \_\_\_\_\_ Height: \_\_\_\_\_

Light Condition: \_\_\_\_\_ Vis: \_\_\_\_\_ Dist: \_\_\_\_\_ mi. Weather: \_\_\_\_\_ Other: \_\_\_\_\_

Type of Occurrence			
(Select those that most apply. If more than one, please explain in your narrative)			
Close Aboard Associated With:	Shallow Water Associated With:	Near Allision Associated With:	Docking Difficulty Associated With:
Rules of Road Rule Situation: _____	Avoidance Maneuver	Avoidance Maneuver	Tug use Difficulty
Restricted Visibility	Unanticipated Wind / Current Effects	Unanticipated Wind / Current Effects	Unanticipated Wind / Current Effects
Narrow Channel	Navigation Problem	Navigation Problem	Order Execution
Traffic Density	Equipment Malfunction	Equipment Malfunction	Equipment Malfunction
Other: _____	Other: _____	Other: _____	Other: _____

Completion of this form does not replace or relieve the individual of any other reporting requirements under federal, state, or local law.

Name (type/print) \_\_\_\_\_

Contact Phone (\_\_\_\_\_) \_\_\_\_\_

**Narrative Description**

Please describe the occurrence, including the chain of events leading to the occurrence and human performance considerations, and suggest items that you think could prevent recurrence of a similar situation. Fill out additional pages and include diagrams, if appropriate.

**Narrative Topics to Consider**

How the Problem Arose	How the Problem Discovered	Contributing Factors	Corrective Actions	Perceptions
Judgments	Decisions	Procedures	Communications	Ship Design
Actions or Inactions	Experience	Language Difficulty	Personal Alertness	

Did you notify the vessel master of your intent to file this report?	Yes	No
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This form should be submitted as soon as possible, but no more than 10 days after the occurrence. Submit the completed form to the Washington State Board of Pilotage Commissioners. (Address on first page)

Vessel #1 Name: \_\_\_\_\_

Pilot Name: \_\_\_\_\_

Signature: \_\_\_\_\_