



SOS form version 4.1.1

“To report a shipping accident or other incident at sea or on inland waterways.”

This form should be used to report a shipping accident or other incident at sea or on inland waterways.

Where necessary, consult the relevant Guide and Instructions document.

The questions below are used to establish the damage and scale of the accident or incident.

3013 List 3A	Nature of the incident	specify:	
<hr/>			
3010	Number of ships involved		
<hr/>			
7510	Accident on the North Sea	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> person overboard <input type="checkbox"/> complete loss of ship <input type="checkbox"/> presumed loss of ship <input type="checkbox"/> ship abandoned <input type="checkbox"/> damage to ship resulting from weather conditions <input type="checkbox"/> ship no longer seaworthy as a result of damage <input type="checkbox"/> damage requiring assistance from tug or shore
<hr/>			
	Subject	Damage	Scale
<hr/>			
7511	Damage to cargo	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known	<input type="checkbox"/> ≥ 10 ton on ship involved. <input type="checkbox"/> Loss of 1 or more containers.
7512	Damage to ship	<input type="checkbox"/> yes <input type="checkbox"/> yes, only very minor (damage to paintwork) <input type="checkbox"/> no <input type="checkbox"/> not known	<input type="checkbox"/> Ship involved could not proceed as a result of damage, <input type="checkbox"/> The damage required the ship to take action before proceeding.
7513	Damage to fairway/infrastructure	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known	<input type="checkbox"/> Repair/emergency repair to infrastructure or object required within 7 days.
7514	Environmental damage	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known	<input type="checkbox"/> Visible effects, e.g. need for emergency response, dead fish.
7515	Total obstruction of the fairway	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known	<input type="checkbox"/> ≥ 1 hour.
7516	Casualties	<input type="checkbox"/> yes <input type="checkbox"/> yes, no medical assistance required (other injury) <input type="checkbox"/> no <input type="checkbox"/> not known	<input type="checkbox"/> Dead, missing. <input type="checkbox"/> ‘Serious’ injury.

1. Report

7501 *Name of person reporting* _____
.....
7502 *(Mobile) telephone* _____
.....
3011 *Date of incident* _____
.....
3012 *Time of incident* _____ Not known

Location of the incident

•¹ 3025/26 *Name of fairway/harbour basin* _____ River km: _____
.....
3027 *Bank* Left bank Right bank
..... Not applicable Not known
3028 *Additional location information* _____
.....
•¹ 3021/22 *X/Y coordinates* X: _____ Y: _____
.....
•¹ 3023/24 *Latitude/Longitude* N: _____ E: _____
.....
3029 *Nautical authority* _____ specify: _____
List 3B
3032 *Fairway information (primary)* _____ specify: _____
List 3C
3033 *Fairway information (secondary)* _____ specify: _____
List 3D
3030/3031/
7503

Description (What was observed/ What assistance was required)

Which of the following actions were undertaken?

7506 Traffic management or incident management measures to protect the public, specifically:
.....
7507 Detailed inspection to determine the need for maintenance activities, specifically:
.....

2. Weather conditions and current

5020 *Natural light* _____
List 5C
5023 *Visibility* _____
List 5D
5024 *Wind force* _____
List 5E
5025 *Wind direction* _____
List 5F
5040 *Type of current* _____ specify: _____
List 5G
5041 *Speed of current* _____ Km/hr Not known
.....

¹ • At least one of these lines must be completed to indicate location.

3. Cause

5030 Initial presumed cause of accident:

		specify:
List 2A	<input type="checkbox"/> Operator error:	specify:
List 2B	<input type="checkbox"/> Communication error:	specify:
List 2C	<input type="checkbox"/> Conditions/circumstances error:	specify:
List 2D	<input type="checkbox"/> Equipment or material error:	specify:
	<input type="checkbox"/> Not known	
	<input type="checkbox"/> Not applicable	
	<input type="checkbox"/> Other, specify:	

7520 Enforcement categories:

		specify:
List 8A	<input type="checkbox"/> Vessel management and operation	specify:
List 8B	<input type="checkbox"/> Environmental management and operation	specify:
List 8C	<input type="checkbox"/> Fairway use and sailing behaviour	specify:
List 8D	<input type="checkbox"/> Dangerous goods (ADN)	specify:
List 8E	<input type="checkbox"/> External	specify:
	<input type="checkbox"/> Not applicable	

4. Ship/ships involved

4010	Name of ship	Vessel 1:	Vessel 2:
4000	Name of owner/agent		
4001	Name of master		
4002	Name of insurer		
7505	People on board	<input type="checkbox"/> Yes, number: <input type="checkbox"/> No <input type="checkbox"/> Not known	<input type="checkbox"/> Yes, number: <input type="checkbox"/> No <input type="checkbox"/> Not known
4011	ENI number*		
4012	Lloyds number*		
4013	Fishery registration number*		
4014	Other registration numbers *		
4015	Nationality of the ship		
4016	Type of ship		
List 4A			
4017	Length of ship	Metres	Metres
4018	Width of ship	Metres	Metres
4019	Maximum draught	cm	cm

*Where applicable

Navigational circumstances

4020	Pilotage situation		
List 4Ba			
4021	Type of mandatory pilotage regime	specify:	specify:
List 4B			
4023	Type of vessel traffic services	specify:	specify:
List 4C			
4024	Type of assistance	specify:	specify:
List 4D			
5010	Navigational circumstances	specify:	specify:
List 5A			
5011	Ship's activity	specify:	specify:
List 5B			
5012	Actual draught	Forward cm Rear cm	Forward cm Rear cm

Lading

4041	Signals indicating carriage of dangerous goods		
List 4E			
4042	Type of cargo	specify:	specify:
List 4F			
4043	Sort of cargo (code)	<input type="checkbox"/> NSTR specify: <input type="checkbox"/> VN nr.:	<input type="checkbox"/> NSTR specify: <input type="checkbox"/> VN nr.:
List 4G / 4044			
4045	Total amount of cargo		
4046	Cargo unit quantity	<input type="checkbox"/> Ton <input type="checkbox"/> M ³ <input type="checkbox"/> Items <input type="checkbox"/> Containers <input type="checkbox"/> Not known	<input type="checkbox"/> Ton <input type="checkbox"/> M ³ <input type="checkbox"/> Items <input type="checkbox"/> Containers <input type="checkbox"/> Not known

5. Damage

Damage to cargo

6051
List 6D

Type of cargo damage

specify:

specify:

6052
List 4G

Sort of damaged cargo
(code)

NSTR

specify:

NSTR

specify:

VN nr.:

VN nr.:

6053

Amount of damaged cargo

6054

Damaged cargo unit quantity

Ton M³ Items
 Containers Not known

Ton M³ Items
 Containers Not known

Damage to ship

6060
List 6E

Class of damage to ship

No
 Yes, once action had been
taken the ship was able to
proceed; go to question
6063
 Yes, unable to proceed

No
 Yes, once action had been
taken the ship was able to
proceed; go to question 6063
 Yes, unable to proceed

6061

Was damage to the ship the
reason it could not proceed?

6062

Why was the ship unable to
proceed?

6063
List 6F

Action undertaken to enable
ship involved to proceed.

specify:

specify:

Damage to the fairway/infrastructure

- 6010
List 6A
- Type of damage to the fairway specify: _____ day(s)
- 6011/ 6013 Did the fairway require repair/emergency repair? Yes, within
 No
 Not known
- 6012 If so, did this affect the safety/smooth running of shipping/road traffic? Yes
 No
 Not known

Environmental damage

- 6021 Did environmentally harmful substances get into the water? Yes, specify:
 No
 Not known
- 6022 Were there clearly visible consequences, e.g. need for an emergency response, dead fish. Yes, specify:
 No
 Not known

Obstruction

- 6030 Total obstruction of the fairway in hours Hours
- 6031
List 6C Cause of obstruction specify: _____

6. Casualties

- 6040 Number of people with minor injuries Not known
- 6041 Number of people with serious injuries Not known
- 6042 Number of people with other injuries Not known
- 6043 Number of people missing Not known
- 6044 Number of deaths Not known

7. Report

1010	Date when form was filled in	_____
1020	Place where form was filled in	_____
1030	Name of authority providing information	_____
	<input type="checkbox"/> Rijkswaterstaat (name of service):	_____
	<input type="checkbox"/> Water Police (name of unit):	_____
	<input type="checkbox"/> (Municipal) Harbour authority (name):	_____
	<input type="checkbox"/> Regional Police (name of region):	_____
	<input type="checkbox"/> Province (name of province):	_____
	<input type="checkbox"/> Coastguard	_____
	<input type="checkbox"/> Human Environment and Transport Inspectorate (ILT)	_____
	<input type="checkbox"/> Other (specify):	_____
1040	<i>Name(s) of person(s) registering the incident</i>	_____
1041	<i>Telephone number(s) of person(s) registering the incident</i>	_____
1050	Incident registration set reference	_____
1070	Correction	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____
1080	Annex	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____
1090	Is there a police report of the incident?	<input type="checkbox"/> No <input type="checkbox"/> Yes

The completed report form should be sent to:

Rijkswaterstaat
O.v.v. Scheepsongevallen
Postbus 1408
6201 BK MAASTRICHT

A digital version of the form can be sent to:
scheepsongevallen@rws.nl

Written questions relating to the form can also be sent to this email address.

Rijkswaterstaat will only use your personal information to respond to your report, if required. We will not store your data any longer than necessary. For further information please see our privacy policy at www.rijkswaterstaat.nl.

*Fields in italics in this form will not be entered into the SOS database.
Information relating to the incident will be used for analysis and research into nautical risks and to improve safety.*