



**PORTSMOUTH
COMPETENT HARBOUR AUTHORITY**

CONFIDENTIAL COLLISION REPORT

I have to report that the vessel,, while in my charge within the area of jurisdiction of Portsmouth Competent Harbour Authority, was involved in a collision as described below:

Ship Details			
1.	Vessel		
2.	Owner		
3.	Agent		
4.	Tonnage	GRT	NRT
5.	Displacement Tonnage		
6.	Length		
7.	Beam		
8.	Draft	F	A
9.	From (Last Port of Call)		
10.	To (Destination in the CHA Area)		
11.	Main Engine Propulsion		
12.	Propeller(s)	CP/Fixed	How many Rotation
13.	Operational Bow Thrust	YES/NO	Power
14.	Rudders	Type	How many
15.	Machinery Defects (state)		
16.	Unusual Handling Characteristics (state)		

	Weather and Tide	
17.	Time and Height of Nearest HW	
18.	Set & Rate of Tide at Time of Collision	
19.	Wind Speed and Direction	
20.	Sea State	
21.	Visibility	
	Incident Details	
22.	Date of Incident Occurrence	
23.	Time	
24.	Name of Other Vessel or Object Involved	
25.	Detailed description of Incident (continue on separate sheet if necessary).	

26.	Place of Collision				
27.	Position				
28.	How Fix Obtained: Radar/Mag/Gyro/ Visual/Sat Nav/Other				
29.	Echo Sounder in Use?	YES/NO			
30.	Sounding Trace Retained?	YES/NO			
31.	Type of Look-out Maintained				
32.	Was Radar Watch Being Kept?	YES/NO			
33.	If Yes, State Radar Display Mode				
34.	Speed at Time of Collision				
35.	Engine(s) Setting	Ahead/Astern	Setting		
36.	Bridge Control in Use?	YES/NO			
37.	Bow Thrust in Use?	YES/NO	Setting		
38.	True Course Steered at Time of Collision				
39.	Length of Time on this Course				
40.	Previous True Course Steered				
41.	Length of Time on this Course				
42.	Compass in Use	Mag/Gyro			
43.	Helm Position at Time of Collision				
44.	Steering Mode at Time of Collision	Manual/Auto Pilot			
45.	Time Collision First Reported	To Whom		Method	
46.	Estimate Course and Speed of Other Vessel				
47.	Light and Other Signals Displayed by Own Vessel				
48.	Light and Other Signals Displayed by Other Vessel				
49.	Sound Signals Made by Own Vessel				
50.	Sound Signals Made by Other Vessel				
51.	Radio Contact Between Vessels Prior to Collision	YES/NO			
52.	What was Said				

53.	Was a Dangerous Substance Being Carried by Own Vessel	
54.	Was a Dangerous Substance Being Carried by Other Vessel	
55.	Damage to Own Vessel	
56.	Injuries Aboard Own Vessel	
57.	Damage to Other Vessel or Object	
58.	Injuries Aboard Other Vessel or Object	
59.	Action Taken by Own Vessel After Collision	
60.	Action Taken by Other Vessel After Collision	
	Tug Details	
61.	Tug(s) in Use at Time of Collision?	YES/NO
	Tug Names:	
	Tug(s) Made Fast	YES/NO
	Working Position of Tug(s)	

Signature:	
Print Name:	
Date:	

Please attach additional sheets (chart extracts, drawings, reports etc) as necessary.

Please return this completed report and any enclosures to:

Captain R F Taylor, Harbour Master, Portsmouth Commercial Port, Harbour Offices, George Byng Way, Continental Ferry Port, Portsmouth, PO2 8SP.