



**MINISTRY OF COMMUNICATIONS AND WORKS  
DEPARTMENT OF MERCHANT SHIPPING  
LEMESOS**

**Circular No 19/2005**

**12 July 2005**

**TEN 12.3.01.18**

**All Owners, Managers and  
Representatives of Ships  
under the Cyprus Flag**

**Subject: Obligation to Report Casualties, Personal Accidents and Serious Illnesses**

I refer to the above subject and wish to remind you that the Master of every Cyprus Flag ship, under section 100(f) of the Merchant Shipping (Masters and Seamen) Laws of 1963 to 2002 (Law 46 of 1963 as amended), are obliged to enter or cause to be entered in the official log-book, every case of illness or injury happening to a member of the crew, with the nature thereof, and the medical treatment adopted if any.

I would also like to advise you that the Republic of Cyprus, by a Council of Ministers decision (P.I. 343/99) has adopted the IMO Code for the Investigation of Marine Casualties and Incidents adopted by IMO Assembly Resolutions A.849 (20) and A.884 (21).

Therefore with immediate effect, you are required to report a vessel casualty or accident using form EN2F01 (see Appendix 1) and any personal injury or loss of life incidents using form EN2F02 (see Appendix 2). Completed forms must be forwarded to the Marine casualties division of the Department of Merchant Shipping, immediately after the occurrence of the accident, preferably in digital form (electronic mail address: [casualties@dms.mcw.gov.cy](mailto:casualties@dms.mcw.gov.cy)).

Serious casualties and crew injuries will be investigated on board by marine surveyors of the Department of Merchant Shipping.


Failure to comply with above instructions constitutes an offence and may also cause delays in the normal operations of the ships involved.

This Circular supersedes Circular TEN 1/18 dated 7 August 1991.


S. S. Serghiou  
Director

CC:Permanent Secretary, Ministry of Communications and Works  
Permanent Secretary, Ministry of Foreign Affairs  
Permanent Secretary, Ministry of Labour and National Insurance  
Maritime Offices of the Department of Merchant Shipping abroad  
Diplomatic and Consular Missions of the Republic of Cyprus  
Honorary Consular Officers of the republic of Cyprus  
Cyprus Shipping Council  
Cyprus Union of Shipowners

C.H..

REPUBLIC  OF CYPRUS		<b>MINISTRY OF COMMUNICATIONS AND WORKS</b> <b>DEPARTMENT OF MERCHANT SHIPPING</b> Kyllinis Street, Mesa Geitonia, CY-4007 Lemesos P.O.Box 56193, CY-3305 Lemesos			Phone: (357) 25 848100 Fax: (357) 25 848200 E-Mail: casualties@dms.mcw.gov.cy	
<b>REPORT OF VESSEL CASUALTY OR ACCIDENT</b>						
<b>I. PARTICULARS OF VESSEL</b>						
1. Name of Vessel		2. IMO Number	3. Year built	4. Gross Tonnage		5. Net Tonnage
6. Type of Vessel		7. Propulsion		8. Place Built		
9. Name of Owner		10. Name, Address and Telephone of Management Company				
11. (a) Name of Master or Person In Charge		(b) Citizenship	(c) Date of Birth		(d) Address	
<b>II. PARTICULARS OF CASUALTY</b>						
12.(1) Date of Casualty		(b) Time(Local or Zone)	(c) UTC		(d) Time of Day Day      Night      Twilight	
13. Geographical Position of Casualty Latitude: Longitude:				14. Geographical location		
15.(a) If Casualty occurred underway, Port of Departure		(b) Date of Departure	(c) Port to Which Bound			
16.(a) Nature of Cargo (Describe and give amounts in Long Tons)			(b) Amount Dry Cargo	(c) Amount Bulk Liquid	(d) Amount Deck Cargo	
17. Speed in Knots Prior to Casualty		18. True Course Prior to Casualty		19. Draft Forward	20. Draft aft	
21. Atmospheric Conditions at Time of Casualty Clear      Partly Cloudy      Overcast      Fog      Rain      Snow      Other (Specify)						
22. Distance of visibility Under 2 Miles 2-5 Miles Over 5 Miles		23. Wind Light Moderate to Fresh Storm to Hurricane		24. Sea Smooth to Slight Moderate to Rough High	25. Wind Direction	
					26. Direction of Sea	
					27. Direction of Swell	
28. Navigation Equipment (Check one or more of the following) Radar      (S Band, or X Band) <u>ARPA</u> Inoperative      Inoperative Used      Used				29. Communications Equipment (check one or more of the following) <u>Radiotelephone</u> Other type of communication In use with Other Vessels      In use with Other Vessels In use with Shore Stations      In use with Shore Stations Not Used      Not Used		
30. Auto Alarm Transmitted by your Vessel? Yes      No				31. Rules of the Road Applicable at Time International      Other (specify)		

INCIDENT TYPE (INITIAL CASUALTY EVENT)						
A	Collision	Striking another ship (regardless of whether under way, anchored, moored)				
B	Stranding / Grounding	Being aground or touching shore or sea bottom or underwater objects (wrecks)				
C	Contact	Striking any fixed or floating object other than those included in Collision				
D	Fire or Explosion					
E	Hull Failure / Failure of WTD	Not caused by any of the above				
F	Machinery Damage	Which necessitated towage or shore assistance				
G	Damages to Ship or	Not caused by any of the above				
H	Capsizing / Listing	Not caused by any of the above				
I	Missing: Assumed Lost					
J	Labour					
K	Other	Any other NOT covered by any of the above				
33. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary.)						
34. Number of Personnel		Crew	Passengers	Other	Totals	35. Estimated Property Losses
(a) On Board						(a) To vessel
(b) Dead						(b) To cargo
(c) Missing						(c) To other property
(d) Injured						35. Is Vessel a Total Loss?      Yes      No
37. Remarks (Indicate assistance rendered by shore stations and vessels; recommendations for corrective safety measures. Attach additional sheets, if necessary.)						
38. Deck Officer on Duty at Time of Casualty			39. Engineer on Duty at Time of Casualty			
Name			Name			
Capacity		License No.		License No.		
40. Date of Report	41. Submitted by (Print name)		42. Signature		43. Title	

REPUBLIC  OF CYPRUS		<b>MINISTRY OF COMMUNICATIONS AND WORKS</b> <b>DEPARTMENT OF MERCHANT SHIPPING</b> Kyllinis Street, Mesa Geitonia, CY-4007 Lemesos P.O.Box 56193, CY-3305 Lemesos		Phone: (357) 25 848100 Fax: (357) 25 848200 E-Mail: casualties@dms.mcw.gov.cy	
<b>REPORT OF PERSONAL INJURY OR LOSS OF LIFE</b>					
<b>I. PARTICULARS OF VESSEL</b>					
1. Name of Vessel		2. IMO Number		3. Name, Address and Telephone, Telefax of Management Company	
4 Type of Vessel		5 Propulsion			
6. Name and address of Owner					
<b>II. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)</b>					
7. (a) Name of Person		(b) Home Address		(c) Date of Birth	
				(d) Citizenship	
8. Seaman's Book or Passport No CYPRIOT SEAMAN'S BOOK NO.			9. Status or Capacity on Vessel		
10. Activity Engaged in at Time of Casualty			11. If Crew Member or Shore Worker On Watch                  Working                  Other		
12. (a) Name of Immediate Supervisor at Time of Casualty			(b) Supervisor's capacity or Status on Vessel		
<b>III. PARTICULARS OF CASUALTY OR ACCIDENT</b>					
13. (a) Date of Casualty		(b) Time (Local or Zone)		(c) UTC	
				(d) Time of Day Day      Night      Twilight	
14. Geographical Location of Vessel at time of Casualty					
15. (a) If Casualty occurred underway, Port of Departure		(b) Date of Departure		(c) Port to Which Bound	
16. (a) RESULT OF CASUALTY: Injury                  Death                  Missing                  (Complete INJURY or DEATH entries below, as appropriate)					
(b) Nature of Injury				(c) Total Days Incapacitated	
(d) Reason for Death				(e) Location of Individual at Death	
				(f) Date of Death	
DESCRIPTION OF CASUALTY (Give events leading up to casualty and how it occurred. Attach diagram and additional sheets, if necessary).					

19. WITNESSES TO ACCIDENT (At least two, if possible)			
Name		Name	
Address		Address	
Name		Name	
Address		Address	
<b>IV. ASSISTANCE AND RECOMMENDATIONS</b>			
20. (a) MEDICO (Medical) MESSAGE SENT	(b) IF YES, GIVE DATE OF FIRST MESSAGE	(c) IF YES, GIVE TIME OF FIRST MESSAGE (Local or zone and description)	
21. (a) TREATMENT ADMINISTERED Yes          No	(b) IF YES, BY WHOM Ship's Doctor                  Other Ships' Personnel                  Other (Specify)		
22. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D)			
23. (a) Name of Hospital, If Person was Hospitalized		(b) Address of Hospital	
24. Recommendations for Corrective Safety Measures Pertinent to this Casualty			
25. Date of Report	26. Submitted by (Print Name)	27. Signature	28. Title