



**TANGAPAN NG KOMANDANTE
(OFFICE OF THE COMMANDANT)
PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(HEADQUARTERS PHILIPPINE COAST GUARD)
139 25th Street, Port Area
1018 Manila**

06 May 1996

HPCG/CG-8

STANDING OPERATING PROCEDURE
NUMBER 02-98

REPORT OF MARINE CASUALTY OR ACCIDENT (MARCA)

I. PURPOSE:

This SOP prescribes the procedures and guidelines in the preparation of Report on the Marine Casualty or Accident as requirement to be submitted by the master/owner or authorized agent of a vessel involved in a marine accident or near accident.

II. SCOPE:

This SOP applies to all ships master, owners, operators, charterers and agents of vessels/watercrafts transiting within the Philippine territorial waters.

III. POLICIES:

- A. Board of Marine Inquiry (BMI)** – is a board created by the Commandant, Philippine Coast Guard which composed of five (5) members appointed by the Secretary of the National Defense as recommended by the Commandant, PCG. BMI shall have the jurisdiction to investigate marine accidents or casualties relative to the liability of ship owners and officer, exclusive jurisdiction to investigate cases/complaints against the marine officers; and to review all proceeding or investigation conducted by the Special Board of Marine Inquiry.
 - B. Special Board of Marine Inquiry: (SBMI)** – is a Board within the District (s) who has original Jurisdiction to investigate marine casualty and disasters which have occur or are committed within limits of the Coast Guard District Concerned or those referred by the Commandant PCG.
 - C. Marine Protest** – is sworn statement asserting the facts of the marine accident/casualty which is being prepared and submitted to the BMI/SBMI by the owner/operator/vessel's master or any person who has the knowledge of the accident and or casualty happened.
 - D. Marine Casualty or Accident** – shall mean any casualty or accident involving any vessel other than a naval vessel which occurs within the navigable waters of the Republic of the Philippines or any casualty or accident involving any Philippine vessel, not a naval vessel which occurs outside of the Philippine territorial waters.
- A marine casualty or accident shall include any occurrence involving a vessel which results in damage of the vessel, its apparel, and gear, and/or passenger

and crew, and inter alia includes sinking, collision, standing, grounding, heavy weather damages, fire explosion, failure of gear and equipment and any other damages which might affect and/or impair the sea worthiness thereof.

E. Major Marine Casualty - a casualty shall be considered major marine casualty whenever it indicates a serious damage to materials and results in loss of life and/or serious injury to crew and/or passengers.

F. Party in interest – the term party in interest shall mean any person natural or juridical, who may be called upon by a hearing body conducting an investigation conducted by it and shall include an owner, charterer, or the agent of such owner or charterer of the vessel or vessels involved in the marine casualty or accident and all licensed or certified personnel; whose conduct, whether or not involved in a marine casualty or accident, is under investigation.

IV. RESPONSIBILITIES:

A. The Master/Owner/agent of the vessel shall:

1. Cause the preparation of **MARCA** report (Annex “A”)
2. Ensure that the information contained therein are accurate, complete and personally verified.
3. Affix his signature on the **MARCA** attesting to the correctness of all entries therein and attach thereto the crew list, the list of persons killed or injured and incapacitated in excess of 72 hours as a result of vessel casualty reported and also the Marine Protest.
4. Cause the immediate submission of the accomplished MARCA report to the nearest Coast Guard Station or Detachment.

B. The Commanders of Coast Guard Stations and/or Detachment shall:

1. Acknowledge receipt by filling - up the space provided found in the upper-right corner of the front page of the **MARCA** form.
2. Evaluate contents/entries of the document and its attachments to ensure its correctness and that no erroneous information is logged in the form.
3. Forward immediately a copy of the accomplished **MARCA** report to CPCG (Attention: Ac of S, CG-8) and Coast Guard District Commander Concerned.
4. Make use of the MARCA report in the conduct of preliminary inquiry relative to the marine casualty or incident and forward the *original* **MARCA** report the District Commander with the result of preliminary inquiry for further review and likewise, for safekeeping of the original MARCA report.

C. AC of S, CG-8 shall undertake the following:

1. Monitoring of the Report of Vessel Casualty and/or Accident in the country.
2. Maintenance and updating of all MARCA records for use in Board of Marine Inquiry hearing civil/criminal cases, etc.

V. PROCEDURE:

A. The master/owner or agent of the vessel involved in the marine casualty or accident shall submit accomplished MARCA form as soon as possible and submit same to the nearest Philippine Coast Guard Station whenever the casualty results in any of the following

1. Actual physical damage to property exceeding one thousand pesos;
 2. Material damage affecting the seaworthiness or efficiency of the vessel;
 3. Stranding, grounding, sinking, fire on board;
 4. Lost of file;
 5. Injury causing a person to remain incapacitated for a period in excess of 72 hours, except injury to harbor workers not resulting in death and not resulting from the vessel's casualty or vessel equipment casualty.
- B. The Station Commander should secure the report and acknowledge receipt of same by filling-up the space provided in the MARCA form. After evaluating the entries of the form SC shall forward the copy with accomplished MARCA report to CPCG and to concerned District Commander. A conduct of preliminary inquiry will follow after which.
- C. All report of marine casualty and/or accident in the country will be monitored by AC of S CG-8 which is also in-charge of maintaining and updating MARCA records for use of BMI, SBMI or other similar hearing and the *Part Interest*.

VI. RESCISSION:

This SOP rescinds all other publications contrary to the provisions stated herein.

VII. EFFECTIVITY:

This SOP is effective upon publication.

MANUEL DE LEON
Rear Admiral AFP
Commandant, PCG

REPUBLIC OF THE PHILIPPINES PHILIPPINE COAST GUARD		Cognizant Station _____ Coast Guard _____ PCG Form Nr: _____			
REPORT OF VESSEL CASUALTY OR ACCIDENT					
INSTRUCTION					
1. An original and two copies of the form shall be submitted to the Commandant, PCG as soon after the document of the casualty as Possible		3. This form should be completed by the Master or person in charge or, if neither is available, by the owner or his duly authorized agent.			
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the		4. Attach crew list to this form. Attach list to this report for each person killed or injured and in excess of 72 hours as a result of the vessel casualty reported herein.			
I. PARTICULARS OF VESSEL					
1. Name of Vessel	2. Official Number	3. Year Built	4. Gross Tonnage	5. Net Tonnage	6. Homeport
7. Type of Vessel (see Note 1.)	8. Propulsion (see Note 2.)	9. Place Built		10. Safety Certificate/certificate of Inspection Issued by: _____, on _____ Valid until _____	
11. CPC/PA/SP Number	12. Name of Owner	13. Class Society	14. Name, Address and Telephone of Managing Agent		
15. (a) Name of Master or Person in Charge		(b) Citizenship	(c) Date of Birth		(d) License Grade and Date of Issue
II. PARTICULARS OF CASUALTY					
16. (A) Date of Casualty		(b) Time (local)		(c) Height of Prevailing Tide	
17. Geographical Location of Casualty (see Note 3.)			18. Geographical name of Body of Water		
19. (a) If Casualty consumed underway, Port of Departure		(b) Date of Departure		(c) Port to which Bound	
20. (a) Nature of Cargo (Describe and give amount in Tons)		(b) /amount Dry Cargo		(c) Amount in Bulk Liquid	(d) Amount deck Cargo
21. Speed in Knot Prior Casualty		22. True Course Prior to Casualty		23. Draft Forward	24. Draft Aft
25. Atmospheric condition at Time of Casualty (Check one or more of the following): <input type="checkbox"/> Clear <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> R <input type="checkbox"/> Others (Speedy)					
26. Distance of Validity <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2 – 5 Miles <input type="checkbox"/> Over 5 Miles		27. Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane		28. Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <input type="checkbox"/> High	
29. Wind Direction _____ 30. Direction of Sea _____ 31. Direction of Swell _____					
32. Navigation If equipment (Check one or more of the Following) <input type="checkbox"/> Radar <input type="checkbox"/> GPS <input type="checkbox"/> Other <input type="checkbox"/> Inoperative <input type="checkbox"/> Inoperative <input type="checkbox"/> Inoperative <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used <input type="checkbox"/> Used <input type="checkbox"/> Used <input type="checkbox"/> Used			33. Communications Equipment (Check one or more of the following) <input type="checkbox"/> Radiotelephones <input type="checkbox"/> CW (Key) <input type="checkbox"/> In Use with Other Vessel <input type="checkbox"/> In Use with other vessel <input type="checkbox"/> In use with Shore Station <input type="checkbox"/> In Use with Shore Station <input type="checkbox"/> Not Used <input type="checkbox"/> Not Used		
34. Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No			35. Incident reported through radio/messenger/other means? <input type="checkbox"/> Yes <input type="checkbox"/> No Means Used		
36. Redeipient Report Office _____ Name of receiver _____			37. Rules of the Read Applicable Time <input type="checkbox"/> International <input type="checkbox"/> Local (PMMRR) <input type="checkbox"/> Others (specify)		
Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passengers, Bulk Carrier, Ore Carrier, Tug, etc. Note 2. Propulsion - Steam Radiostations, Steam Turbines, Turbo-Electro: Diesel, Diesel-Electro, etc., and B4 HP Note 3. Location - If open see Latitude and Longitude: give distance to and name of nearest shore; if near coast distance and And true bearing to chartered object: if in port, straits, river, channel, etc., give name					
38. NATURE OF THE CASUALTY (Check one or more of the following. Give pertinent details in item 38)					
COLLISION WITH OTHER VESSEL(S) Give Name and Flag of Other Vessel			EXPLOSION/FIRE (Others)		

						GROUNDING			
						FOUNDER (Sinking)			
						CAPSIZING WITHOUT SINKING			
						FLOODING, SWAMPING, ETC. WITHOUT SINKING			
						HEAVY WEATHER DAMAGE			
						CARGO DAMAGE (No Vessel damage)			
						MATERIAL FAILURE (No vessel structure)			
						MATERIAL FAILURE (Engineering machinery, including main propulsion auxiliaries, boilers, evaporators, deck, machinery, electrical, etc.)			
						EQUIPMENT FAILURE			
						CASUALTY NOT NAMED ABOVE			
39. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets if necessary)									
40 Personal		Crew	Passenger	Anollary Pers	Other	Totals	41. Property Losses	Dollars (U.S.A)	Pesos
(a) Number of Board							(a) Estimated loss/damage to vessel	\$	P
(b) Number of Known Dead							(b) Estimated loss/damage to cargo	\$	P
(c) Number Missing							(c) Estimated loss/damage to other property	\$	P
(d) Number Injured							42. Is Vessel a total loss? <input type="checkbox"/> No <input type="checkbox"/> Yes		
43. Remarks (Indicate assistance rendered by shore stations and vessels; recommendations for corrective safety measures pertinent to this casualty, include explanation of any unsatisfactorily lifesaving equipment. Attach additional sheets, if necessary)									
44. Deck Officer on Duty at Time of Casualty					45. Engineer on Duty at Time of Casualty				
Name					Name				
Capacity		License No.			Capacity		License No.		
46. Date of Report		47. Submitted by (Print Name)			48. Signature		Title/Desigantion		