

ACTUAL OR SUSPECTED SHIP STRIKE
Information form 1/2

RÉSEAU COLLISIONS



Your contribution is priceless: if your ship strikes a cetacean or if you witness an accident, please call **+33 (0)4 94 69 44 93** or email this form to emergency@pelagos-sanctuary.org

THE ACCIDENT	Certitude	<input type="checkbox"/> Actual collision	<input type="checkbox"/> Suspected collision	<i>Specify:</i>									
	Date	<input type="checkbox"/> Exact date	<input type="checkbox"/> Estimated date	<i>Specify date:</i>									
	Time	<input type="checkbox"/> Exact time	<input type="checkbox"/> Estimated time	<i>Specify time:</i>									
	Location	<input type="checkbox"/> Accident location	<input type="checkbox"/> Carcass location	<i>Coordinates and/or description:</i>									
THE CETACEAN	Species	<input type="checkbox"/> Fin whale <input type="checkbox"/> Sperm whale	<input type="checkbox"/> Other species <input type="checkbox"/> Unidentified	<i>Specify and/or add pictures:</i>									
	Ship strike consequences	<input type="checkbox"/> Survived <input type="checkbox"/> Died	<input type="checkbox"/> Was already dead <input type="checkbox"/> I don't know	<i>Specify:</i>									
THE SHIP	Identity	<i>Name:</i> <i>Type:</i> <i>Length:</i>	<i>Speed at the moment of the impact (Knots):</i> <i>Departure port:</i> <i>Arrival port:</i>										
	Damages or injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Specify:</i>										
THE SURVEILLANCE	To avoid the collision	<input type="checkbox"/> The watch on the deck was increased <input type="checkbox"/> The boat speed was reduced <input type="checkbox"/> The ship was deviated	<input type="checkbox"/> An emergency operation was undertaken <input type="checkbox"/> Other action (please specify) <input type="checkbox"/> No action could be done	<i>Specify:</i>									
	System for sharing cetacean positions	<input type="checkbox"/> The cetacean position was reported in the system <input type="checkbox"/> The cetacean position was <i>not</i> reported in the system <input type="checkbox"/> Other (<i>specify : system was shut down, not in use...</i>) <input type="checkbox"/> No such system is present on board	<i>Specify:</i>										
WEATHER CONDITIONS	Sea state	<i>Description:</i>											
	Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Moderate	<input type="checkbox"/> Bad	<input type="checkbox"/> Foggy	Luminosity	<input type="checkbox"/> Daylight	<input type="checkbox"/> Sunset	<input type="checkbox"/> Night				
	Wind	<input type="checkbox"/> 1 Beaufort	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

PERSON WHO FILLED THE FORM (if more information are further needed):

Name _____
 Company (optional) _____
 E-mail/Phone _____

More information and form download* on
www.souffleursdecume.com and www.sanctuaire-pelagos.org
 (*Word version on the 29/10/2018, please enable macros)

AVOIDED SHIP STRIKE
Information form 2/2



Your contribution is priceless: if your ship avoided a collision with a cetacean, please email this form to emergency@pelagos-sanctuary.org

THE EVENT	Date	<input type="checkbox"/> Exact date <input type="checkbox"/> Estimated date	<i>Please, specify the date:</i>
	Time	<input type="checkbox"/> Exact time <input type="checkbox"/> Estimated time	<i>Please, specify the time:</i>
	Location	<input type="checkbox"/> Exact location <input type="checkbox"/> Estimated location	<i>Coordinates and/or description:</i>
	Operation	<input type="checkbox"/> An emergency operation allowed to avoid the collision <input type="checkbox"/> No operation could be done but the ship did not hit the whale	
THE CETACEAN	Species	<input type="checkbox"/> Fin whale <input type="checkbox"/> Sperm whale <input type="checkbox"/> Other species <input type="checkbox"/> Unidentified	<i>Specify:</i>
	Behaviour	<input type="checkbox"/> Reacted to the boat approach <input type="checkbox"/> Did not react to the boat approach <input type="checkbox"/> I don't know	<i>Specify:</i>
THE SHIP	Identity	<i>Name:</i> <i>Type:</i> <i>Length:</i>	<i>Cruise speed (knots):</i> <i>Departure port:</i> <i>Arrival port:</i>
	To avoid the collision	<input type="checkbox"/> The watch on the deck was increased <input type="checkbox"/> The speed was reduced <input type="checkbox"/> The ship was deviated	<input type="checkbox"/> Other action (<i>please specify</i>) <input type="checkbox"/> No action could be done <i>Specify:</i>
	System for sharing cetacean positions	<input type="checkbox"/> The cetacean position was reported in the system <input type="checkbox"/> The cetacean position was <i>not</i> reported in the system <input type="checkbox"/> Other (<i>specify : system was shut down, not in use...</i>) <input type="checkbox"/> No such system is present on board	<i>Specify:</i>
	METEO	<i>Description:</i> Sea stat Visibility <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Bad <input type="checkbox"/> Foggy Wind <input type="checkbox"/> 1 Beaufort <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 Luminosity <input type="checkbox"/> Daylight <input type="checkbox"/> Sunset <input type="checkbox"/> Night	

PERSON WHO FILLED THE FORM (if more information are further needed):

Name _____
 Company (optional) _____
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