

Pollution Incident Report Format

Maritime Insurance

Date of Incident

Date of Report

Reporting Party

Contact Information

Vessel Name

Flag State

IMO Number

Location of Incident

Type of Pollution

Details of Polluting Substance

Cause of Incident

Actions Taken

Containment, mitigation, notifications, etc.

Authorities Informed

Authority	Date/Time Notified	Contact Person

Witnesses (if any)

Names and contact information

Additional Remarks

Other relevant information

Prepared By

Position/Title

Signature

Sign here

Date Signed