

# 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**