

2023 Annual Report



Reporting Period 1st January to 31st December 2023



The Marine Casualty Investigation Board was established on the 25th March, 2003 under the Merchant Shipping (Investigation of Marine Casualties) Act 2000.

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Chairperson's Statement



Claire Callanan,
Chairperson

Dear Minister,

In accordance with the requirements of Section 21 of the Merchant Shipping (Investigation of Marine Casualties) Act 2000, I present the twenty-first Incidents & Investigations report of the Marine Casualty Investigation Board (MCIB), covering the period 1 January – 31 December 2023.

The audited accounts of the MCIB will be presented to you later in the year on completion of the annual audit by the Comptroller & Auditor General, following which, both this report and the MCIB Financial Statement will be combined to create the MCIB Annual Report 2023, for publication on the MCIB website www.mcib.ie.

Overview of 2023

The MCIB commenced investigations into ten marine casualties in 2023, eight of which were fatal incidents. That is a very high figure given we recorded no fatalities in 2021 or 2022. Of the eight investigations that involved fatalities, three arose on fishing vessels, and five involved recreational craft, including recreational angling vessels, a recreational motor boat, and a jet ski. These figures reflect again the dangerous nature of working in the fishing industry; and in the recreational sphere, the varied and different nature of the circumstances that can lead to these sad outcomes. In fatal cases the MCIB works with An Garda Síochána and I want to thank all the Gardaí who have assisted the MCIB investigations, in particular in the last year. Each fatality is a tragedy for family and friends and the community in which each person lived. The MCIB extends its condolences to all those affected by these deaths.

A further 51 incidents were considered by the Board which involved co-operation between the MCIB and the accident investigation bodies of other states. These incidents were in general considered to be minor in nature and not warranting investigation by either the flag state or the MCIB, or, were incidents where investigations were being conducted by the flag state. Some cases required the uploading of data by Ireland onto the European Maritime Casualty Investigation Platform (EMCIP)¹.

During 2023 the MCIB also assessed 32 further incidents to determine whether an investigation should be carried out, and in these cases determined that they were either minor and/or that no useful safety recommendations were likely to be forthcoming from an investigation.

The Irish Coast Guard (IRCG) are involved in very many incidents reported to the MCIB. Most of those incidents do not proceed to an investigation. This is due, in no small way, to the expert professionalism of the Coast Guard and to the other members of the Search and Rescue Services. I would like to take the opportunity to thank the IRCG for their continued co-operation with the MCIB.

The MCIB was established 25 years ago and to the end of December 2023 it has published 264 reports into incidents under its statutory remit. The Board published nine final marine casualty investigation reports and two interim reports in 2023.

At 31 December 2023 there were in total, 14 ongoing investigations, ten of which occurred in 2023, three which occurred in 2021 (one of which was published in January 2024 and involved an injury to a crewmember onboard a fishing vessel off the coast of Co. Cork) and one which occurred in 2022 (involving an incident onboard a fishing vessel in Co. Louth, which was published in February 2024). Two further reports of investigations have been published to date as of April 2024. Currently, there are in total 12 investigations ongoing, including those commenced in 2024.

Included in the MCIB investigation reports published in 2023, is a report into the investigation of a grounding of an Irish flagged general cargo vessel in the United Kingdom MCIB Report No.324 (Report of Investigation into a Marine Casualty Involving the Merchant Vessel Arklow Raider in the Bristol Channel, 25 November 2022). This resulted in Recommendations to the UK Hydrographic Office and to the Gloucester Harbour Trustees (GHT). I would like to acknowledge the co-operation and assistance from those involved in the investigation which delivered useful learnings for all. MCIB Report No.321 (Report of an Investigation into a Marine Casualty involving the vessel Simmerdim off Ardmore Pier, Co. Galway, 8 November 2022) involved a serious accident at a Galway Bay fish farm when divers were

1. The European Marine Casualty Information Platform (EMCIP) is a database and a data distribution system operated by the European Maritime Safety Agency.

crossing from the support vessel to the fish farm platform. MCIB Report No.322 (Report of an Investigation into an Incident Involving the fishing vessel An Portán Óir, Dingle Bay, Co. Kerry, 14 October 2022) involved yet another small fishing vessel accident involving potting activities where the sole occupant narrowly escaped very serious injury. While MCIB Report No.319 (Report of an Investigation into the Sinking of FV Anna Louise near Glengarriff Harbour, Bantry Bay, Co. Cork, 2 July 2022) also involved the loss of a small fishing vessel on a potting expedition, where again, the sole operator succeeded in swimming to safety.

As noted in my report to the Minister in the 2022 Annual Report, in 2023 we published two reports involving kayaks in a club setting and in a commercial provider setting. I also want to take the opportunity to thank the Marine Survey Office (MSO), Water Safety Ireland (WSI), Canoeing Ireland (CI) and Rowing Ireland for their engagement with the MCIB in respect of possible safety recommendations. We note the recognition of our contribution, together with these entities and others, to improving safety in the recently published report entitled *Paddlesport Safety Culture in Ireland; An Exploratory Study* by Dr. John Pierce and Mr. Kevin O'Callaghan. This study was supported by Sport Ireland, Healthy Ireland, CI and Munster Technological University, noting with regard to the MCIB: *"Since 2021 there is a change in the way in which risk assessment is addressed within the reports, where there is a recognition of dynamic risk assessment. This is a direct result of the MCIB's close working relationship with Canoeing Ireland."*

During 2023 the Minister commenced a review of the Code of Practice for Recreational Craft. The MCIB was invited to contribute to the review and has done so, and the revised Code is awaited. The content of the Code is useful and informative on essential safety steps that should be taken. The Department published Marine Notice No.52 of 2023 *Think and Prepare - Important safety advice for owners and users of recreational craft* which reminds all masters, owners and users of recreational craft of the need to think and prepare before going out on the water and to follow the checklist of basic requirements and advice both before going on the water and while on the water. It remains the case, unfortunately, that the failure to follow basic safety recommendations, such as wearing a life jacket, remain a factor in a number of our current investigations. Failures in planning for emergencies is also a common thread across many investigations. There is clearly a challenge in delivering and imbedding the Code's safety messages throughout the recreational sector and we continue to commend WSI and the Department of Transport Maritime Division for their continuing work in this regard.

Board Changes

In July 2023, our then Board of four was delighted to be joined by three new Board members:

- Deirdre Lane FNI, MSc, Master Mariner, BSc (Hons) is Harbour Master, Dunmore East, Department of Agriculture, Food and the Marine, and a Fellow, Trustee and Executive Board member of the Nautical Institute and a Deputy Launch Authority for the Royal National Lifeboat Institution (RNLI).
- Phil Murphy is the Senior Marine Officer responsible for the management of Wexford Councils Piers/Harbours & Ports Section (with 11 piers/harbours, two Blue Flag Marinas and New Ross Port under his jurisdiction), and before that had 17 years seagoing experience on various vessel types - Bulk Carriers, Container Ships, Ultra Large Crude Carriers, including serving as Master onboard large passenger ferries (traditional and fast craft). Phil was also a Board member of New Ross Port Company Nov 2017 – Oct 2018.
- John Carlton is the Port Services Manager at Shannon Foynes Port Company since 2012, and has delivered various significant strategic and infra structure projects. Previously he was Engineering & Terminal Operations Manager at Shannon Foynes Port. John holds a BA in Business Management, a Chief Engineer certificate of competency (Unlimited), a Diploma in Marine Surveying (specialising in engineering surveys) and a Higher National Diploma in Marine/Plant Engineering.

We had to say farewell in March 2024 to our Deputy Chair, Dr. Dorothea Dowling, Chartered Insurer, FCII, Master of Laws (LL.M) in medical law and financial services, LL.B, FCI Arb, FCIS, Cert IoD as her term of office concluded and a further extension was not permitted due to the legislation. Our esteemed colleague has long and highly regarded experience in accident investigations, and has particular expertise in corporate governance. She was a highly valued member of the Board since her initial appointment in 2017. The Minister has appointed John Carlton to succeed Dr. Dowling as Deputy Chair.

Legislative Changes

In my report to you in 2023, I noted that the MCIB had welcomed the announcement by the Minister in December 2022 of the drafting of a Merchant Shipping (Investigation of Marine Accidents) Bill to provide for a full-time Marine Accident Investigation Unit within the Department of Transport. The General Scheme provides for the establishment of the Marine Accident Investigation Unit (MAIU). The MAIU will replace the MCIB as the permanent body responsible for marine accident investigation. The draft legislation continues in preparation before making its way through the Houses of the Oireachtas.

European Context and EMSA

A considerable amount of the work that the MCIB does involves engagement with the European Maritime Safety Agency (EMSA) in respect of maritime incidents that fall within the ambit of the European Union (EU) Directive 2009/18/EC (which establishes the fundamental principles governing the investigation of accidents in the maritime transport sector). EMSA is the EU agency that is tasked with providing technical expertise and operational assistance to improve maritime safety, pollution preparedness and response and maritime security throughout the EU. EMSA also ensures the consistent investigation of marine accidents throughout the EU and shares best practices on maritime safety, security, and environmental issues. EMSA has developed a methodology to analyse data reported to EMCIP with the view to detecting potential safety issues. As with other EU investigative agencies, the MCIB reports marine incident data to EMCIP.

EMSA provides training services for EU accident investigators and in 2024 commenced its first year of a new training academy with a Core Curriculum Course for EU accident investigators. The new EMSA Academy will deliver training on new or amended International Maritime Organisation (IMO)/EU acts and will provide operational training, using advanced tools. All trainings in EMSA Academy will comply with ISO 9001:2015, ISO 21001:2018 and ISO 29993:2017 standards. This is a very welcome development which will contribute to the continued learning of MCIB accident investigators, three of whom are currently engaged on the 2024 course.

The European Commission is continuing its review of EU maritime legislation and a new Directive is expected within the next 12 months. It is widely expected that more aspects of the EU wide fishing vessel safety investigation regime will be extended to the smaller category of fishing vessels (with a length overall of less than 15 m).

The Department published 83 Marine Notices in 2023.

The full list can be accessed here gov - Marine Notices 2023 (www.gov.ie)

The following Marine Notices were published in 2023 following MCIB reports and investigations:

14 of 2023	Reminder – use of radio Distress, Urgency and Safety calls in the case of fire or other potentially serious incident.
18 of 2023	Electrical Systems in Small Pleasure, Fishing and other Craft.
27 of 2023	Health and Safety onboard vessels – Recent incidents resulting in serious injuries.
35 of 2023	Reminder – Dangers and requirements associated with the modification of vessels.
61 of 2023	Vessel Refuelling – Risks and Guidance.
67 of 2023	Reminder of Requirements Regarding the Correct Installation and Operation of Emergency Battery Systems.
71 of 2023	Reminder – Dangers Associated with Fishing Alone.

In addition two Marine Notices were published in 2023 with significant safety information:

30 of 2023	Application of SOLAS Chapter V to Recreational Craft (including weather, crew, limitations of vessel, contingency plan, navigational dangers, information ashore).
52 of 2023	Think and Prepare – Important safety advice for owners and users of recreational craft.

External Investigations of Casualties

All investigations of casualties are carried out by external investigators. The Board has available to it a panel of investigators including personnel holding technical qualifications as master mariners, marine surveyors, marine engineers or deck officers. The panel reflects broad based maritime competence and experience which are of relevance in undertaking independent investigations. Safety investigations are conducted with the sole objective of preventing marine casualties and marine incidents in the future. They are not designed to determine liability or apportion blame.

A typical investigation process generally includes the following phases and outcomes:

Notification	When the MCIB is notified of a marine casualty or incident, an assessment has to be conducted to decide whether to investigate.
Gather evidence	Once the investigation is launched, gathering evidence expeditiously, including witness interviews, is important to understanding the circumstances of the occurrence and the sequence of the events.

Analyse evidence	Evidence has to be properly analysed to identify the factors that led to the marine casualty or incident. The focus is on understanding the reason why an unsafe action or condition leads to the casualty and the context, physical or organisational, in which the casualty or incident occurred.
Draw conclusions	Conclusions identify the safety issues and the missing or inadequate defences (material, functional, educational or procedural) for which safety actions may be developed to prevent marine casualties.
Determine remedial actions	Where appropriate the MCIB suggests Safety Recommendations i.e. proposals for remedial actions to prevent future marine casualties and incidents, to the Department of Transport and to other parties that are best placed to implement such measures.
Report	The investigation results in a report providing, amongst other things, the circumstances of the event, the analysis of contributing factors and its conclusions. The report is published in order to spread the safety lessons to the maritime community. Data on marine casualties and incidents are uploaded onto EMCIP, thus supporting their analysis.

Reports Published in 2023

The Board published nine final and two interim reports during 2023. The full details are provided at pages 16 to 25.

Investigations commenced in 2023

Investigations were initiated by the Board into ten incidents during 2023. Summary details of the incidents are provided in the table below. Full details of all incidents are set out on pages 11 to 15.

Three of the ten incidents which required investigation occurred in the fishing industry and were fatal incidents. The remaining seven involved various types of recreational vessels and five were fatal incidents.

Sector	Incidents	Sinkings	Fatalities	Injuries
Fishing	3	1	3	0
General Cargo	0	0	0	0
Recreational	7	0	5	0
Passenger	0	0	0	0
Total	10	1	8	0

Fishing Vessels

There were three incidents involving fishing vessels.

- Fatal Incident, man overboard (MOB), off Aranmore Island, Co. Donegal.
- Fatal Incident, vessel sunk, Dundalk Bay, Co. Louth.
- Fatal Incident onboard vessel, off Blasket Islands, Co. Kerry.

Recreational Craft

There were seven incidents involving recreational craft.

- Incident involving several Olympic style rowing boats, River Corrib, Co. Galway (Published April 2024).
- Fatal incident involving a Jet Ski, Killaloe, Co. Clare.
- Incident involving a sailing vessel entangled in discarded nets, Baltimore Co. Cork (Published March 2024).
- Fatal incident involving a recreational angling vessel, Lacken Pier, Beltra, Co. Mayo.
- Fatal incident involving a fire onboard a recreational vessel, Carrick on Shannon, Co. Leitrim.
- Fatal incident involving a recreational angling vessel, Nimmos Pier, Co. Galway.
- Fatal incident, MOB, recreational motor boat, Bruckless Pier, Co. Donegal.

Detailed tables of incidents investigated which occurred in the years 2014 to 2023 are at page 27 and 28 of this report.

A summary of all incidents investigated occurring in these years is provided in the table below:

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Fatalities	5	5	9	6	8	6	4	0	0	8
Injuries	1	0	14	0	0	1	2	2	6	0
Vessels Involved	7	7	15	5	5	11	8	8	21	11

Ethics in Public Office

During 2023, all Board members were in compliance with the applicable provisions and requirements of the Ethics Acts and the Standards in Public Office Act, 2001.

Acknowledgements

I want to thank my Board colleagues who have again given hugely of their time and very considerable expertise during this last year to the MCIB. None of that investigative work is possible without the diligent contribution and expertise of our investigators whom I would also like to thank. The increasing demands on the MCIB of course leads to added work for our very dedicated Secretariat, and I would like to thank each of them and our Board Secretary for all of the year’s contribution. In particular in June 2024 the MCIB (together with all related maritime entities) was audited by the International Maritime Organisation. The MCIB received a fully compliant assessment. This was the result of preparation by our Board secretary over two years, for which added thanks is due for achieving such an excellent outcome.

This is the 25th year of the MCIB. It has to the end of 2023 published 264 reports. That is an output in terms of number and content that can hold its own in comparison with many larger national investigative bodies. I want to take the opportunity at this time to pay tribute and extend thanks to previous Board members, and in particular to my two predecessors as chair, Mr. John G. O’Donnell and Ms. Cliona Cassidy and to Board members:

- Ms. Sinéad Brett
- Mr. Thomas R. Power
- Ms. Mary Lally
- Mr. Brian Hogan
- Mr. Martin Diskin
- Mr. Brian Keane
- Mr. Jurgen Whyte
- Mr. Michael Frain
- Mr. Nigel Lindsay
- Mr. Frank Cronin
- Dr. Dorothea Dowling

Board members in particular are due thanks for ensuring that Ireland has over the last 25 years carried out its international and EU obligations with regard to marine investigations. They have done this by giving of their time unstintingly and for very nominal remuneration. Each has contributed invaluable professional and experiential expertise. We all continue to be rewarded by hoping that in some small way MCIB investigations contribute to greater safety and to a reduction in lives lost, injury and the loss of vessels.

Finally, I wish to record my appreciation for the assistance that you as Minister, and that of your officials in the Maritime Safety Policy Division, have afforded to the Board during 2023.

Claire Callanan

CLAIRE CALLANAN
CHAIRPERSON

Board Members and General Information



Ms. Claire Callanan,
Chairperson, Solicitor



Dr. Dorothea Dowling,
Deputy Chairperson,
Chartered Insurer and
Accredited Mediator



Mr. Frank Cronin,
(January-March 2023) Marine
Engineer Class 1 combined,
DCII, Chartered Insurer



Mr. Keith Patterson,
CEng, CMarENG, Marine
Engineer Class 1



Ms. Deirdre Lane,
(July-December 2023) FNI, MSc,
Master Mariner, Harbour Master
Dunmore East



Mr. Phil Murphy,
(July-December 2023) Class I
Master Mariner



Mr. John Carlton,
(July-December 2023) BSc in
Marine Engineering, BA in
Business Management, Marine
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Secretary: Ms. Margaret Bell

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The following is some general information regarding the MCIB.

Establishment of the Board

The MCIB was established under the Merchant Shipping (Investigation of Marine Casualties) Act, 2000 ("the Act"). Under the European Communities (Merchant Shipping) (Investigation of Accidents) Regulations 2011 Statutory Instrument (S.I.) No. 276 of 2011 ("the Regulations") the MCIB is the body in Ireland mandated to investigate incidents that fall within EU Directive 2009/18/EC ("the Directive") governing the investigation of accidents in the maritime transport sector.

Function of the Board

The function of the MCIB is to carry out investigations into Marine Casualties, as defined in Section 2 of the Act and the Regulations. In carrying out its functions the MCIB also complies with the provisions of the IMO's Casualty Investigation Code and the Directive. The Directive is given effect in Irish law by the Regulation (S.I. No. 276 of 2011) and applies to only some of the incidents under investigation. Investigations within the scope of the Directive are carried out in accordance with the requirements of the Directive and the Common Methodology as set out in Commission Regulation (EU) No. 1286/2011 of 9 December 2011.

In accordance with the Act, Marine Casualty means an event or process, which causes or poses the threat of:

- (a) death or serious injury to a person;
- (b) the loss of a person overboard;
- (c) significant loss or stranding of, damage to, or collision with, a vessel or property; or
- (d) significant damage to the environment,

in connection with the operation of:

- (i) a vessel in Irish waters;
- (ii) an Irish registered vessel, in waters anywhere; or
- (iii) a vessel normally located or moored in Irish waters and under the control of a resident of the State, in international waters contiguous to Irish waters.

The purpose of each investigation is to:

1. Establish the cause or causes of a marine casualty.
2. Report on the marine casualty with a view to making recommendations for the avoidance of similar marine casualties.

It is important to note that it is NOT the purpose of an investigation to attribute blame or fault. The Board is non-prosecutorial. Any prosecution, which arises out of any casualty, is the function of Statutory Bodies i.e. An Garda Síochána, etc.

Status

The MCIB is an independent statutory body funded by the Oireachtas under Section 19 of the Act.

A copy of the final report of each investigation is sent to the Minister for consideration of the recommendations made therein.

All reports are made available to the public (on request) free of charge or can be accessed via the MCIB website at www.mcib.ie.

Incidents and Investigations 2023



Reporting Period 1st January to 31st December 2023

Introduction

Since establishment in 2002, and up to the end of 2023, the Board has published reports on 264 cases.

The statistics contained in this Report show the different types of craft involved and the cause of each incident and give the reader some insight into the scope and work of the Board. To date reporting formats have been maintained in a consistent format in order to allow comparison with earlier year's incidents and reports.

All reports are published on the Board's website, www.mcib.ie, and are available on application to the Secretariat.

Summary of Incidents Investigated which Occurred During 2023

1st January to 31st December 2023

Name of vessel/incident: River Corrib	
TYPE OF CRAFT	Two Rowing Boats
TYPE OF INCIDENT	Loss of two rowing boats
FATALITIES	None
SUMMARY	<p>A scheduled training session on the River Corrib, Co. Galway for two competitive rowing boats resulted in a marine casualty event that caused the loss of the two rowing boats and posed a threat of death or serious injury to persons who had been operating recreational vessels in Irish waters.</p> <p>A complex system and an issue of risk normalisation – in which risky behaviour gradually becoming acceptable over time – had developed around rowing activities in the vicinity of the river's Salmon Weir, especially during the river's high flow rates and low water temperatures during winter months. This system was inherently sensitive to changes or omissions, even those that may not have been obvious to the persons charged with achieving the goal of a safe rowing activity. This sensitivity can be seen in the history of previous, similar incidents, in which the potential severity of the situation or the likelihood of a repeat outcome seems to have not been appreciated.</p> <p>As a result, what may have initially appeared to be an innocuous meeting on the river of the rowing boats from two clubs – one setting out upriver and the other returning downriver – set in motion a final sequence of events that resulted in the loss of two rowing boats and posed a threat of death or serious injury to the crews of these two boats.</p>

Name of vessel/incident: FV Séimi	
TYPE OF CRAFT	Fishing Vessel <15 m
TYPE OF INCIDENT	Man overboard
FATALITIES	1 Fatality
SUMMARY	<p>At approximately 20.00 hours (hrs), the FV Séimi was shooting a string of crab pots in a position approximately 60 nautical miles (NM) NNW of Aranmore Island off the NW coast of Ireland. The operation of shooting the pots required one crewmember to be on deck ensuring the pots ran freely off the deck while another crewmember manoeuvred the vessel along a predetermined course. The size and construction of the vessel allowed the crewmember in the wheelhouse to communicate verbally with the crewmember on deck, in addition the crewmember in the wheelhouse was able to visually monitor the deck via a camera on deck and a monitor in the wheelhouse. On this occasion a third crewmember was sitting at the entrance to the wheelhouse.</p> <p>As the last pot was leaving the deck, the Crewmember on deck became entangled in the rope connected to the pot and was dragged through the stern door opening, over the side and into the water. The vessel was stopped immediately, and an attempt was made to retrieve the MOB by hauling him back onboard using the same line that dragged him overboard. This proved unsuccessful and contact was lost with the MOB. By this time the alarm had been raised onboard and the remaining two crew assisted in searching for the MOB. He was not wearing a Personal Flotation Device (PFD).</p> <p>The MOB was sighted a short distance from the vessel and was successfully recovered onboard. The crew estimate that the Casualty was in the water for no longer than 15 minutes. Cardiopulmonary resuscitation was administered and advice received via satellite phone from Medico Cork, the 24-hour Emergency Telemedical support unit, via Malin Head Coast Guard. Despite the crew's efforts the Casualty did not survive.</p>

Name of vessel/incident: Jet Ski, Killaloe	
TYPE OF CRAFT	Personal Watercraft
TYPE OF INCIDENT	Drowning
FATALITIES	1 Fatality
SUMMARY	<p>At around 16.00 hrs a Sea-Doo personal watercraft (PWC) was launched into the water from a trailer at the public slipway south of Ballina. The PWC was being operated in the area between the launch slipway and the Shannon Bridge, with a couple of brief forays north of the bridge. At approximately 16.30 hrs the driver of the PWC invited two passengers to board the PWC from the Ballina pontoon. Only one of the three persons onboard the PWC was observed to be wearing a PFD.</p> <p>At approximately 17.00 hrs the PWC and the three occupants passed the pontoon at speed and made a sharp left turn in an area that was approximately mid river and just south of the bridge. All three persons fell off the PWC when it capsized during the sharp left turn. The two passengers, one of whom was wearing a PDF, recovered from the fall and swam ashore to the Ballina pontoon.</p> <p>The driver of the PWC, who was not wearing a PFD, was not visible from the shore and feared to have gone under the water. The alarm was raised by a member of the public and a search and recovery operation commenced.</p> <p>The Casualty was recovered from the water after a search involving local emergency services at approximately 18.45 hrs.</p>

Name of vessel/incident: Sailing Vessel Inish Ceinn	
TYPE OF CRAFT	Recreational Craft
TYPE OF INCIDENT	Vessel aground
FATALITIES	None
SUMMARY	<p>The sailing yacht Inish Ceinn departed from Baltimore, Co. Cork at 14.00 hrs, for a short voyage to Cape Clear Island. The weather was moderate from the east and the yacht was taken out of Baltimore Harbour and then headed west on the planned course towards Cape Clear Island.</p> <p>At around 14.30 hrs the Skipper felt the yacht slow down rapidly and turn into the wind. Nothing could be seen in the water, so the engine was started and propeller engaged. Vibration was felt and a burning smell was noticed. The engine was shut down and the yacht was immobilised. The wind and swell quickly pushed the yacht towards the rocks and the yacht went aground. Four of the persons onboard were able to get onto the rocks and the Skipper sent a MAYDAY message on the Very High Frequency (VHF) radio. He also got onto the rocks. At this stage the Skipper noticed the hull was fouled with a large trawl net.</p> <p>Baltimore lifeboat came to the rescue and the rescue helicopter R115 also attended the scene. All five persons were evacuated from the rocks by the lifeboat and taken back to Baltimore. The yacht broke up and was lost. There were no serious injuries and no pollution.</p>

Name of vessel/incident: Lacken Pier	
TYPE OF CRAFT	Recreational Vessel
TYPE OF INCIDENT	Man overboard
FATALITIES	1 Fatality
SUMMARY	<p>At around 10.20 hrs a recreational boat was launched from Lacken Pier in Co. Mayo to facilitate a day of sea angling for two people. After launching, the Survivor made an unsuccessful effort to hold the boat alongside the pier while the Casualty parked the launch tractor and trailer. When the tractor and trailer were parked, the Casualty attempted to board the drifting boat and entered the water at the pier steps. He got into difficulty and was swept out to sea. The boat with the Survivor onboard drifted out to sea.</p> <p>Emergency services were alerted to the incident and Killala Coastguard Unit and Sligo rescue helicopter R118 were mobilised. The drifting boat came ashore at Lacken Strand with the Survivor still onboard. Shortly after, the Casualty was recovered from the water by R118 and transferred to Sligo University Hospital where he was pronounced dead. The Survivor was recovered by R118 from the beach at Lacken Strand and transferred to Sligo University Hospital for treatment, and subsequently released.</p>

Name of vessel/incident: Carrick-on-Shannon Boat Fire	
TYPE OF CRAFT	Pleasure Craft
TYPE OF INCIDENT	Fire on boat
FATALITIES	1 Fatality
SUMMARY	Early in the morning, a 33ft motor cruiser berthed at a marina on the River Shannon in Carrick-on-Shannon caught fire. Attempts to put out the fire by members of the public that were staying on their own vessels nearby were unsuccessful. Units of the local fire brigade attended the scene and brought the blaze under control. The fire claimed the life of one individual that was sleeping onboard the vessel.

Name of vessel/incident: Bruckless Pier	
TYPE OF CRAFT	Recreational Motorboat
TYPE OF INCIDENT	Drowning
FATALITIES	1 Fatality
SUMMARY	<p>The owner of a recreational motor boat was alone aboard his vessel when he fell overboard and subsequently drowned. This occurred between 15.30 hrs and 16.30 hrs. The vessel was at its mooring approximately 50 metres (m) from the shore, in a rural area near Bruckless Pier, Co. Donegal. The weather conditions were poor, with winds of Force 6 and gusts of up to 35 knots (65 kilometres (km)/h). A Small Craft Warning was in effect.</p> <p>The vessel was an older model of a recreational motor boat. The vessel predated the introduction of modern design requirements to both minimise the risk of falling overboard and to facilitate reboarding, which were introduced in 2013 by the EU Directive for Recreational Craft. The vessel had no means of unaided reboarding, either accessible to - or deployable by - a person in the water.</p> <p>The Casualty was not wearing a PFD, he had no means of contacting the emergency services, and he had not left notice of his intentions with a shore contact. This marine casualty occurred because of a combination of causal factors.</p>

Name of vessel/incident: FV Ben Thomas	
TYPE OF CRAFT	Fishing Vessel <15 m
TYPE OF INCIDENT	Sinking
FATALITIES	1 Fatality
SUMMARY	Between 07.30 and 08.30 hrs the FV Ben Thomas sank North of Dunany point. At approximately 08.30 hrs, a crewmember working on the deck of the FV Sian Elizabeth heard someone calling for help. The vessel was stopped and after a short search the Skipper of the FV Ben Thomas was found clinging to an item that had floated when his vessel sank. The search for the second Casualty continued over the following days and navy divers recovered the body from the seabed.

Name of vessel/incident: **FV Breizh Arvor II**

TYPE OF CRAFT	Fishing Vessel >15m
TYPE OF INCIDENT	Incident onboard
FATALITIES	1 Fatality
SUMMARY	<p>The FV Briezh Arvor II was a conventional stern trawler of 22.4 m in length and was fishing for prawns off the west coast of Ireland. The vessel was two days into an intended fishing trip of ten to 13 days when one of the crew suffered a fall in the accommodation. The vessel was trawling at the time of the incident and the catch from the previous haul was being processed by the crew on deck. The weather was around Force 5 with fresh breeze and moderate to rough seas with the vessel rolling moderately. The Casualty was found unresponsive lying on the deck in the sleeping area, and efforts were made to revive him but unfortunately were not successful.</p>

Name of vessel/incident: **Lady Pixa**

TYPE OF CRAFT	Recreational Boat
TYPE OF INCIDENT	Drowning
FATALITIES	1 Fatality
SUMMARY	<p>At around 10.00 hrs a recreational boat with a Skipper and Crewmember onboard departed from the inner Nimmos Pier, The Claddagh, Co. Galway to go mackerel fishing in inner Galway Bay. The boat made the approximate 1.5 km voyage to the fishing area and commenced fishing using handlines. At around 12.30 hrs, the fishing concluded, and the two men decided to return to Nimmos Pier. The boat proceeded towards Nimmos Pier with the Skipper in the cabin operating the boat from the coxswain seat, while the Crewmember remained on the back deck of the boat tending to the catch and cleaning down the boat.</p> <p>On the return voyage back to Nimmos Pier, the Skipper of the boat noticed his Crewmember was no longer on the boat. The Skipper proceeded to alert the emergency services and commenced searching the immediate area they were fishing. Emergency services including Galway Bay RNLI, Sligo rescue helicopter R118, and Costello Bay Coastguard Unit were mobilised. The Crewmember was removed from the water approximately one hour after mobilization of the emergency services and transferred to Galway University Hospital where he was later pronounced dead.</p>

Summary of Reports Published 2023

1st January to 31st December 2023

The following tables are summarised from published reports and are intended to give an overview. Full reports can be viewed on the MCIB website www.mcib.ie

Name of vessel/incident: Kayaking Incident on Caragh River	
DATE OF PUBLICATION	28 February, 2023
TYPE OF CRAFT	Kayaks
DATE OF INCIDENT	2 November, 2019
SUMMARY	On 2 November 2019 a group of 27 kayakers set out on a down-river trip of the Upper Caragh River, Co. Kerry. The kayakers consisted of experienced and beginner kayakers, split into three sub-groups. The first sub-group successfully navigated the river-run. The second and third sub-groups experienced difficulties. Two kayakers became distressed, and the emergency services were called. One kayaker was resuscitated but a second kayaker, who was trapped under a tree branch, was rendered unconscious and stopped breathing. The latter Casualty was recovered from the water, resuscitated and transferred to hospital but subsequently died.
INJURIES/FATALITIES	1 Fatality
CAUSE OF INCIDENT	<p>The prevailing conditions including the features of the river were not suitable for all the members of the trip to manage safely. The trip was not properly assessed for the risks attached to the prevailing conditions and having regard to the skills and experience of the group taking part in what is a high-risk sport. The persons in charge of identifying and assessing the risks in advance, and on the day, were insufficiently trained and experienced themselves to be able to assess the risks, given the combined factors of river conditions and the nature of the group. This arose as there was a lack of adherence to the University of Limerick Kayak Club (ULKC) Safety Statement 2014 and the Trips Policy and Procedure which set out control measures, which led to a lack of accredited training, which in turn led to poor decision making. Had there being CI qualified instructors available (or persons with recognisable equivalent training and experience) they would have identified that the group was too large and its makeup too inexperienced and would not have approved a trip that involved a group of beginners in those conditions, and/or, having embarked would have realised that the conditions being experienced were not suitable and would have terminated the trip.</p> <p>The gaps in the Club safety environment were contributed to by the lack of any supervision/audit, or capacity to effectively supervise or audit, of the safety of university students engaged in high risk activities by the University of Limerick Students' Union (ULSU), and by the absence of any overarching, agreed, and communicated, spheres of responsibility between the ULSU and University of Limerick, leading to an environment at club level where there was a serious disregard of the ULKC Safety Statement 2014 and Trips Policy and Procedure, and CI recommended standards.</p>

Name of vessel/incident: Yacht Black Magic	
DATE OF PUBLICATION	23 March, 2023
TYPE OF CRAFT	Recreational Craft
DATE OF INCIDENT	13 December, 2021
SUMMARY	<p>The yacht Black Magic with one person onboard sailed from the Yacht Marina, Crosshaven, Co. Cork for Kinsale Harbour at approximately 10.30 hrs on 13 December 2021. Approximately one hour and a quarter later at 11.50 hrs the outboard engine mounted on the transom of the yacht, caught fire. The fire rapidly spread. The Skipper transmitted a MAYDAY distress broadcast using his handheld VHF radio. A fishing vessel working in the vicinity of the burning yacht relayed a MAYDAY to the IRCG radio station at Valentia who initiated a Search and Rescue operation.</p> <p>Another fishing vessel rescued the Skipper at approximately 12.00 hrs and brought him to safety. Shortly after, at 12.17 hrs the Skipper was transferred ashore by the Port of Cork Rigid Inflatable Boat (RIB) which had come from Crosshaven to assist. The Skipper was not injured during the incident. The yacht was consumed by fire. At 12.48 hrs Crosshaven RNLI reported that the yacht had sunk in Ringabella Bay.</p>
INJURIES/FATALITIES	None
CAUSE OF INCIDENT	<p>The continuous operation of the outboard engine onboard yacht Black Magic as it made passage from Crosshaven Marina to the vicinity off Ringabella Bay at the engine's maximum design capacity, caused the engine to suffer a significant mechanical failure. The mechanical failure of the engine was such that hot engine components were exposed to petrol fuel and oil lubricants which spontaneously ignited and caused a fire onboard the vessel. The fire consumed the vessel which subsequently sank off Ringabella Bay.</p> <p>The lack of wind and the sub optimal capacity of the yacht's outboard engine to power the yacht at the required speed as it motors sailed out of Cork Harbour was a contributory factor in the loss of yacht Black Magic.</p> <p>Refuelling the outboard engine by topping up the engine's fuel tank likely resulted in a fuel spillage in the vicinity of the engine and transom. The spilled fuel was likely to have been a contributory factor in the subsequent fire which started at the outboard engine and resulted in the loss of the yacht.</p>

Name of vessel/incident: FV Anna Louise	
DATE OF PUBLICATION	6 April, 2023
TYPE OF CRAFT	Fishing Vessel <15 m
DATE OF INCIDENT	2 July, 2022
SUMMARY	<p>The FV Anna Louise was an open fishing boat of 5.35 m in length with an outboard engine and on 2 July 2022 was taken on a routine fishing trip to lift lobster pots in Bantry Bay, Co. Cork. The Skipper was a qualified and experienced boat operator with valid certification. The Skipper had lifted two strings of lobster pots onboard with a total of ten pots and was retrieving the marker buoy when a wave came over the stern, flooding the boat. The Skipper tried to reach the bailing bucket, but a further wave swamped the boat, and the boat sank quickly. The Emergency Position Indicating Radio Beacon (EPIRB) floated free and was activated. The distress signal was received by Valentia Marine Rescue Sub-Centre who initiated rescue operations. Bantry inshore lifeboat was tasked as well as Castletownbere lifeboat and rescue helicopter R115.</p> <p>The Skipper swam ashore and made his way to a house from where he called to advise he was safe and well. The rescue operations were terminated. The boat was later salvaged from 12 m of water. There were no injuries and no pollution.</p>
INJURIES/FATALITIES	None
CAUSE OF INCIDENT	<p>The boat was swamped by waves coming over the stern and filling the boat with sea water. The boat sank quickly as there was no reserve buoyancy when it was full of water.</p> <p>The boat freeboard had been reduced due to additional weights onboard making it more vulnerable to swamping.</p> <p>Modifications had been carried out that reduced the freeboard and these modifications should have been presented, for approval, to the surveyor who had issued the Code of Practice (CoP) certificate in accordance with CoP requirement 1.5.5.2. The original freeboard was considered small but there is no minimum freeboard specified in the CoP for open boats of this size.</p> <p>The Skipper was wearing an approved automatic PFD as required and this enabled him to swim ashore and prevented a more serious outcome. This clearly shows the importance of wearing a PFD, especially when operating alone. The boat did have a float free EPIRB which activated and alerted the rescue response.</p>

Name of vessel/incident: Kayakers on Mulroy Bay	
DATE OF PUBLICATION	18 May, 2023
TYPE OF CRAFT	Kayaks
DATE OF INCIDENT	19 March, 2022
SUMMARY	<p>On Saturday 19 March 2022 a group of six kayakers set out on a morning's kayaking trip on Mulroy Bay, Co. Donegal. This is a tidal sea lough that extends 19 km/10 NM inland from the north Atlantic coast. This was a commercial, guided trip consisting of the Trip Organiser and five clients. The clients were adults who typically had little or no kayaking experience. Only one client wore a wetsuit as thermal protection against the effects of cold-water immersion, while the others wore clothing such as jeans and winter coats.</p> <p>The group got into difficulty when the wind speed increased, and the sea state deteriorated. The double kayak capsized but its two clients were able to right the kayak and make their way to one side of the lough. Another two clients, in single kayaks, separately made their own way to the other side of the lough, after one of them capsized and swam for about 20 minutes to reach the shore. The remaining client and the Trip Organiser both capsized and lost contact with their kayaks. They drifted in the water for approximately one hour, isolated about mid-way across the lough, until they were rescued by the Coast Guard. They required hospital treatment before being released later that day. This rescue only became possible because of the diligent actions of a member of the public, who saw people in the water and notified the emergency services.</p>
INJURIES/FATALITIES	Two persons hospitalised
CAUSE OF INCIDENT	This kayaking trip resulted in a marine casualty event that posed a threat of death or serious injury to persons who had been operating recreational vessels in Irish waters. This marine casualty event occurred because a combination of the following causal and contributory factors, which included unsuitable weather conditions, inadequate training and qualifications, inadequate trip planning, inadequate contingency planning, inadequate safety equipment, inadequate protective clothing and inadequate safety environment.

Name of vessel/incident: FV An Portán Óir	
DATE OF PUBLICATION	9 August, 2023
TYPE OF CRAFT	Fishing Vessel <15 m
DATE OF INCIDENT	14 October, 2022
SUMMARY	<p>The FV An Portán Óir was a decked fishing boat of 9.9 m in length with an inboard diesel engine. On Friday 14 October 2022 the boat was taken on a routine fishing trip to lift, bait and shoot lobster pots in Dingle Bay, Co. Kerry. The boat was operated by the owner (the Skipper). He was a qualified and experienced boat operator with valid certification. The Skipper was shooting the final string of 30 lobster pots, with ten pots in the water when his leg became entangled in the pot ropes. The boat was in gear to stretch the string and the rope tightened around the Skipper's leg and he was pulled aft. The Skipper grabbed the rope between the pots and tied it to the handrail to avoid being pulled overboard. He was unable to free himself as the rope around his leg was under tension and he remained stuck in this position until he was rescued around four hours later.</p> <p>Persons ashore noticed he had not returned as planned and raised the alarm. Several local boats as well as Dingle lifeboat and Coast Guard rescue helicopters searched until the boat was located by a local boat and the Skipper was brought ashore where an ambulance was waiting to take the injured Skipper to hospital. The Skipper suffered serious injuries to his leg.</p>
INJURIES/FATALITIES	Serious injuries sustained
CAUSE OF INCIDENT	<p>This was not an uncommon incident but was exacerbated by the Skipper being alone onboard and not having a knife to hand and not having a Personal Locator Beacon on his person to raise the alarm immediately.</p> <p>Fishing alone is a high-risk operation, and this especially applies to potting operations. This casualty shows that accidents can happen quickly even to a well experienced fisher. It is imperative that a risk assessment is carried out before every voyage to continuously remind the fisher of the potential risks and to have these risks mitigated wherever possible by having correct equipment and procedures in place. The weather forecast predicted increasing to Force 6 in the evening and there was a Small Craft Warning in place which increased the risk to the Fisher onboard alone.</p> <p>The importance of having a designated person ashore has been clearly shown in this casualty and even though it may be intrusive, regular contact with a person ashore is essential and can certainly prevent a minor incident becoming more serious.</p>

Name of vessel/incident: FV Bikain	
DATE OF PUBLICATION	17 August, 2023
TYPE OF CRAFT	Fishing Vessel > 15 m
DATE OF INCIDENT	25 November, 2022
SUMMARY	<p>The French registered FV Bikain was alongside at the end of the main pier in Dingle Harbour, Co. Kerry and was preparing to go to sea to resume fishing on 25 November 2022. The main engine was started and checks for sailing were being carried out when the controllable pitch propellers went to the full astern position. The Skipper tried to stop the main engine with the emergency stop button on the wheelhouse console, but this failed. The mooring ropes holding the vessel parted and the vessel went quickly astern and made heavy contact with the southern boat marina pontoon causing extensive damage to the pontoon and to several boats that were secured there at the time.</p> <p>The main engine was eventually stopped by shutting off the fuel and the vessel drifted across the harbour basin. Another trawler, moored on the main jetty, saw the incident, and quickly went to assist and towed the FV Bikain back alongside the jetty. There were no injuries and no pollution, but extensive damage was caused to the southern pontoon and moored boats.</p>
INJURIES/FATALITIES	None
CAUSE OF INCIDENT	<p>The electrical system was incorrectly designed on this vessel, and this was the root cause of the casualty. The design of this system necessitated that the emergency batteries were required to be in use at all times for the operation of the vessel, but the emergency batteries should only be used for emergency situations when the main power supply fails. The vessel could not operate without recourse to the emergency source of electrical power.</p> <p>Engine emergency stop systems for the main engine must be able to operate at all times and not rely only on emergency battery systems. Previous failure of the charging system was not identified as a critical failure and should have instigated a full investigation to identify why these failures were occurring. This investigation should have identified the design faults and prevented this casualty event. There were no written procedures for the test and maintenance of this critical system onboard the vessel.</p>

Name of vessel/incident: Arklow Raider	
DATE OF PUBLICATION	4 September, 2023
TYPE OF CRAFT	Cargo Ship
DATE OF INCIDENT	25 November, 2022
SUMMARY	<p>On the evening of 25 November 2022, the general cargo vessel Arklow Raider, proceeded on a laden passage up the Bristol Channel towards her destination port of Sharpness, United Kingdom. At around 19.19 hrs the vessel passed under the Severn Bridge and the Pilot commenced a planned turn to port to round Lyde Rock. Despite the Pilot applying starboard helm to counter the anticipated currents and counter currents, the vessel rapidly sheered to port, leaving the channel, before grounding heavily by the bow on a mud and rock bottom at approximately 19.21 hrs. After sounding all compartments and determining no apparent water ingress, the vessel was re-floated under its own power on the still rising tide. The passage was aborted and successfully completed on the following tide with the same Pilot. The vessel sustained damage to the shell plating and framing in the forepeak ballast tank, with water ingress subsequently detected in the forepeak. The vessel was dry-docked for repairs. No persons were injured, and no pollution occurred.</p>
INJURIES/FATALITIES	None
CAUSE OF INCIDENT	<p>The environmental conditions, including wind speed/direction and height of tide, were not unusual, and the vessel had successfully undertaken a similar manoeuvre in laden condition on three other occasions. The following morning the vessel successfully transited the area during similar tidal conditions with the same Pilot, by passing more directly over Slimeroad Sands. This is persuasive evidence that the track adopted, and the angle of the hull presented to the current during the previous passage was causative in causing a rapid swing to port.</p> <p>The potential presence of a strong counter-current at the Lyde Rock area is well known local knowledge. However, this information is unavailable in Admiralty Sailing Directions or via GHT pilotage information to mariners. There is no means of accurately measuring the height of tide or current flow at Lyde Rock, in addition Slimeroad Sands are only visually surveyed.</p> <p>The rapid sheer to port was not caused by any defect on the vessel, but rather the effect of strong current and counter currents acting on the port quarter and starboard bow of the vessel respectively. It is not possible to evidence whether the strength of current constituted an abnormal occurrence or whether the vessel's rudder had stalled. The effect of the currents may have been minimised if a track had been planned to maintain a perpendicular aspect of the hull to the turning effects of the current i.e., by heading more directly over Slimeroad Sands. There was sufficient Under Keel Clearance (UKC) to do so.</p> <p>Providing there is sufficient UKC, a more direct passage over Slimeroad Sands is preferable, rather than execution of a port turn passing close to Lyde Rock. The limited availability of real-time accurate tidal data, current data and the absence of regular hydrographic surveys in the area of Slimeroad Sands was a factor in this grounding.</p>

Name of vessel/incident: FV John B	
DATE OF PUBLICATION	13 December, 2023
TYPE OF CRAFT	Fishing Vessel >15m
DATE OF INCIDENT	17 July, 2020
SUMMARY	<p>An incident occurred on the 17 July 2020 onboard the FV John B, while it was engaged in fishing operations in the Irish Sea. Whilst hauling the nets and fishing gear onboard, a Crewmember was seriously injured when his leg became trapped between the centre weight and the weight retaining cage at the stern of the vessel. The load was adjusted allowing the injured Crewmember to extricate his trapped leg from the grip of the centre weight. Other crewmembers provided first aid care to the injured Crewmember.</p> <p>The vessel owners were informed of the incident and the vessel proceeded to the closest port, which was Howth Fishery Harbour Centre (FHC) in Co. Dublin. No external medical or emergency assistance was sought or requested by the Skipper or the owners. On arrival in Howth FHC the injured Crewmember was assisted from the vessel and transferred to Beaumont Hospital Emergency Department.</p>
INJURIES/FATALITIES	One serious injury
CAUSE OF INCIDENT	<p>No risk assessment for hauling the nets was shared with the crew. Some crewmembers were engaged without the mandatory training. The Skipper was inexperienced on the vessel and relied on his crew to recover the gear unsupervised, while he remained in the wheelhouse. The evidence from the Skipper asserting that Crewmember No. 1 had been warned about the dangers of standing on the weight while recovering the fishing gear but continued to do so is not supported by any detail or any other evidence. The assertion is denied by the Casualty. Irrespective of which is correct, the manner in which the exercise was being carried out led to a very serious incident. It is not the function of the MCIB to determine liability.</p> <p>The design and layout of the fishing gear on this vessel was poor, making communication between the winch operator and deck crew difficult. The winch operator could not see the crewmembers feeding the nets on to the reels. Clear lines of communication were also not in place given that the winch operator could not see the crewmembers feeding the nets on to the reels. Had there been a safe design and planned effective communications in place effective supervision could have been adhered to. Communications in general onboard the vessel was hampered by a language barrier between crewmembers.</p> <p>An important factor is the number of crew on the vessel. It appears to be the more probable case on the basis of the evidence available to the MCIB, the crew comprised five crewmembers and the Skipper on the trip in question and not the normal crew of six and the Skipper. One man less in the crew complement can of course increase the fatigue factor and also increase the workload on the remaining crew. In addition, there is the issues as to appropriate manning for particular operations. The Working Time Regulation records provided, raise some issues as to how many of the crew were working on the operation of deploying and recovering the nets on the day in question. Given the experience of the crew, the nature of the operations and the nature of the trip a crew of six and a Skipper would have been more appropriate on the vessel.</p> <p>Once the incident occurred, given the seriousness of the injury, the Skipper should have contacted Medico Cork through the Coast Guard Radio Station for advice and arranged safe evacuation to the hospital.</p> <p>The owners and operators of the vessel did not comply with a variety of legislation in place governing operations and safety of the crew of an Irish registered fishing vessel.</p>

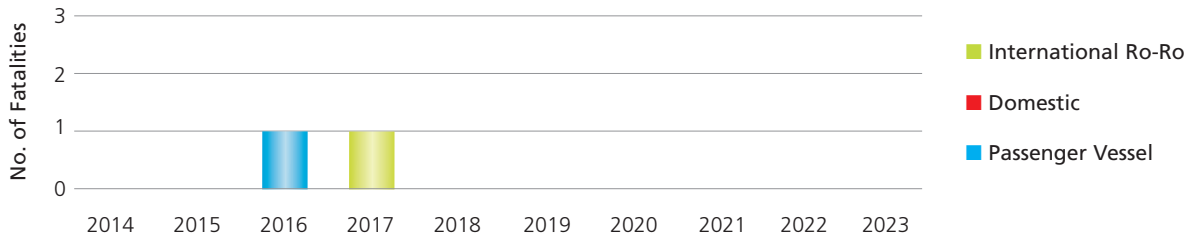
Name of vessel/incident: Simmerdim	
DATE OF PUBLICATION	20 December, 2023
TYPE OF CRAFT	Passenger Vessel
DATE OF INCIDENT	8 November, 2022
SUMMARY	<p>On the morning of 8 November 2022, the vessel Simmerdim departed Lettermullen, Connemara, Co. Galway with four salmon farm personnel onboard and proceeded to the offshore salmon farm site located off Ardmore Pier, Co. Galway. The vessel arrived at the worksite and made fast alongside the Feed Barge and all personnel transferred from the vessel to the Feed Barge. A smaller vessel (Polar boat) carrying five people to the salmon farm Feed Barge rendezvoused at the site and moored outboard of Simmerdim to alight three persons, being two diver contractors and one salmon farm personnel.</p> <p>The first of the three passengers from the Polar boat transited across Simmerdim to the Feed Barge. As the second person (a diver) of the group was transiting across to the Feed Barge, there was a coming together of the vessels, which pinned the individual between both vessels causing crush injuries to the pelvic area. The injured Casualty was brought back onboard Simmerdim and was subsequently airlifted to Galway University Hospital where his injuries were assessed and included multiple fractures to the pelvis and fractured hip socket joints.</p>
INJURIES/FATALITIES	Serious injuries
CAUSE OF INCIDENT	<p>In summary, this incident resulted in serious injuries to the Casualty because he was crushed between two vessels as he transited from one to the other. Means of safe access was not appropriate for transferring from one vessel to another and the practice of stepping over the side rails and onto the Feed Barge's tyre fender became normalised. The prevailing conditions including the direction and height of the swell were contributing factors to this incident. The licence required the vessel to operate in favourable weather. The weather was not favourable as defined and Simmerdim was operating outside its licensed conditions.</p> <p>There were missed opportunities during the purchase process to verify safe access to and from Simmerdim and the Feed Barge as although both vessels had safe means of access, they were not compatible when the vessels were moored alongside each other. The safe access issue could have been assessed during the procurement process in 2016 but was not, as there was no procurement process in place that would assess safety aspects of both vessels. Changes were subsequently made.</p> <p>The operator's risk assessment failed to identify the deficiencies in vessel transfer operations and in particular with regard to third parties such as the contracted diver. The task of transferring across to the Feed Barge should have been done under a Permit to Tender, issued by the MSO as required under Chapter 5 (Section 52, Tendering Operations Regulations) of the Merchant Shipping Act 2010.</p> <p>The operation was identified by the operator under their safe systems of work but was not authorised by the MSO by way of a Permit to Tender. A Tendering Operations Safety Plan Proposal, required to obtain a permit, would have informed the MSO of the personnel transfer at sea and prompted scrutiny of the operation as well as independent oversight of the transfer planning. Such a permit would have set parameters for the transfer arrangements, means of safe transfer from and to Simmerdim. Had the vessel operator, in the passenger licence application, informed the MSO of the at sea transfers Simmerdim was engaged in, the MSO could have noted the type of works on the licence and informed the operator of the need for a Permit to Tender.</p>

Comparisons of Marine Casualties 2014 - 2023

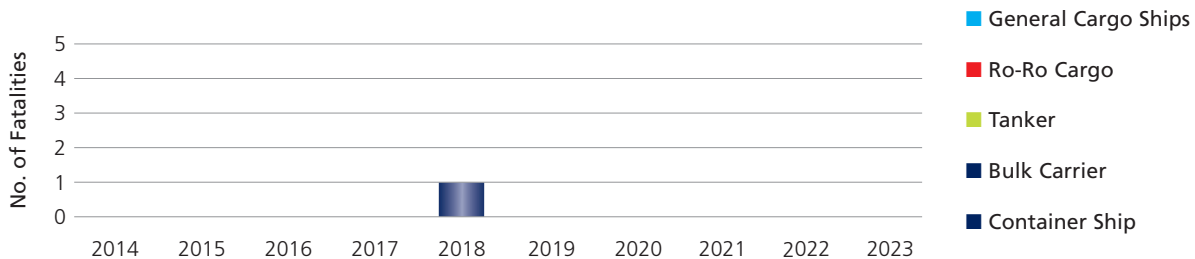
Type of Craft	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Passenger Ships/Vessels										
International Ro-Ro			10 Injuries	1 Fatality						
Domestic			2 Injuries							
Passenger Vessel			1 Fatality 1 Injury						1 Injury	
Sub total	None	None	1 Fatality 13 Injuries	1 Fatality	None	None	None	None	1 Injury	None
Cargo Ships										
General Cargo Ships									1 Injury	
Ro-Ro Cargo										
Tanker										
Bulk Carrier										
Container Ship					1 Fatality					
Car Carrier										
Work Boat Pilot/Barge										
Heavy Lift										
Sub total	None	None	None	None	1 Fatality	None	None	None	1 Injury	None
Fishing Vessels										
< 15 metres	1 Fatality	1 Fatality	2 Fatalities	2 Fatalities	2 Fatalities	2 Fatalities	3 Fatalities 2 Injuries		1 Injury	2 Fatalities
15 - 24 metres							1 Fatality	1 Injury	1 Injury	1 Fatality
> 24 metres		2 Fatalities	2 Fatalities					1 Injury	2 Injuries	
Sub total	1 Fatality	3 Fatalities	4 Fatalities	2 Fatalities	2 Fatalities	2 Fatalities	4 Fatalities 2 Injuries	2 Injuries	4 Injuries	3 Fatalities
Recreational Craft										
Jet Skis										1 Fatality
Open Boats/Canoe	3 Fatalities/ 1 Injury		1 Fatality/ 1 Injury	1 Fatality	1 Fatality	3 Fatalities/ 1 Injury				3 Fatalities
Motor (Decked)		2 Fatalities	3 Fatalities		1 Fatality	1 Fatality				1 Fatality
Sail	1 Fatality									
Fast Power Craft/RIB				2 Fatalities	3 Fatalities					
Sub totals	4 Fatalities/ 1 Injury	2 Fatalities	4 Fatalities/ 1 Injury	3 Fatalities	5 Fatalities	4 Fatalities 1 Injury	None	None	None	5 Fatalities
Total Incidents	7	7	15	5	5	10	8	8	11	10
Total Fatalities	5	5	9	6	8	6	4	0	0	8
Total Injuries	1	0	14	0	0	1	1	2	6	0
Total No. of Vessels involved	7	7	15	5	5	11	8	8	21	11

Fatality Trends 2014 - 2023

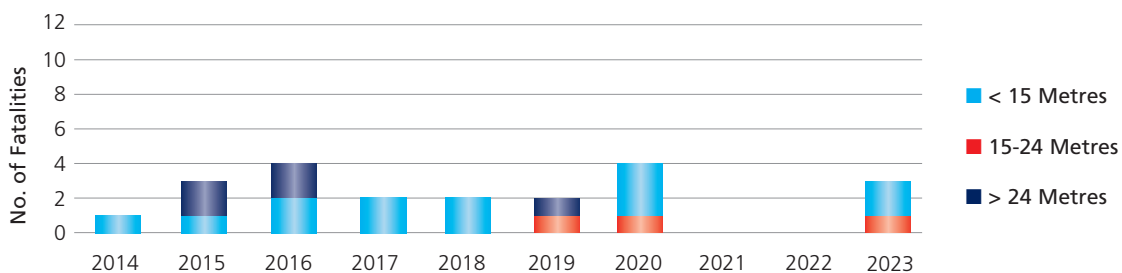
Passenger Ships/Vessels



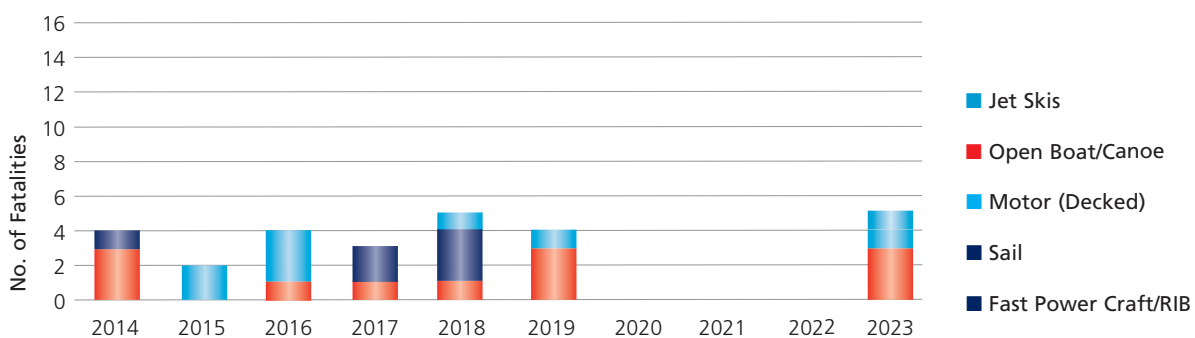
Cargo Ships



Fishing Vessels



Recreational Craft



Appendix A

The incidents set out under were considered by the MCIB but not investigated. Some of these incidents involved co-operation with other flag states or in some case the uploading of key data onto the European Maritime Casualty Investigation Platform (EMCIP).

MCIB Ref.	Vessel Name	Date	Incident details
MCIB/13/562	MT Gladiator	09/01/2023	Injured crewmember
MCIB/13/563	MS Epsilon	08/01/2023	Injured crewmember
MCIB/13/564	FV Mairi Maree	16/01/2023	Fouled propeller
MCIB/13/565	FV Silver Rose	16/01/2023	Sunken vessel
MCIB/13/567	FV Annelies Ilena	19/01/2023	Injured crewmember
MCIB/13/568	RNLI LB Myrtle Maud	19/01/2023	Vessel made contact with rocks
MCIB/13/569	FV Róise Catriona	04/02/2023	Injured crewmember
MCIB/13/570	FV Green Isle	12/02/2023	Injured crewmember
MCIB/13/571	FV Harvest Reaper II	15/02/2023	Fouled propeller
MCIB/13/573	FV Stella Maris	17/03/2023	Engine problem
MCIB/13/574	Ku-ee-tu- water bus	18/03/2023	Vessel aground
MCIB/13/575	FV Antarctic	23/03/2023	Injured crewmember
MCIB/13/576	FV Rackard	26/03/2023	Fouled propeller
MCIB/13/577	MV Pompei	12/03/2023	Collided with Barrow Rail Bridge
MCIB/13/578	MV Elbtrader	17/03/2023	Vessel not under command
MCIB/13/579	FV Ronsard	06/05/2023	Injured crewmember
MCIB/13/580	FV Zuiderzee	11/05/2023	Injured crewmember
MCIB/13/581	FV Boy Jason	10/05/2023	Fire onboard
MCIB/13/582	FV Emer Jane	18/05/2023	Injured crewmember
MCIB/13/583	FV Eilean Croine	20/05/2023	Electrical fire onboard
MCIB/13/584	Jet Ski - Carlingford	22/05/2023	1 fatality
MCIB/13/586	FV Grand Saint Bernard	02/06/2023	Vessel aground
MCIB/13/587	Open lake fishing boat	23/05/2023	Occupants in water after vessel hit rocks and ran aground
MCIB/13/588	T Burke 2	13/06/2023	Fire onboard
MCIB/13/589	MV Stena Estrid	22/06/2023	Engine failure
MCIB/13/590	SV Flashpoint	25/06/2023	Vessel capsized and sank
MCIB/13/591	GP14 Dinghies in difficulty	22/06/2023	Dinghies capsized
MCIB/13/592	FV Nuevo San Juan	02/07/2023	Sunken vessel

MCIB Ref.	Vessel Name	Date	Incident details
MCIB/13/593	Rib C-Breeze	08/07/2023	Fire onboard
MCIB/13/594	FV Custos Deus	17/07/2023	Injured crewmember
MCIB/13/598	Pontoon workboat	03/08/2023	Injured crewmember
MCIB/13/599	FV Migrator	16/08/2023	Injured crewmember
MCIB/13/600	MV Hermine	10/08/2023	Engine malfunction
MCIB/13/601	FV The Morning Lark	19/08/2023	Sunken vessel
MCIB/13/602	SV Brian Boru	21/08/2023	Injured crewmember
MCIB/13/603	SV Macif 27	10/08/2023	Injured crewmember
MCIB/13/605	Aqua Transporter	19/08/2023	Engine failure
MCIB/13/606	MV WB Yeats	06/09/2023	Fire onboard
MCIB/13/607	FV Men Scoedec	15/09/2023	Fouled propeller
MCIB/13/608	MV Strami	13/09/2023	Engine failure
MCIB/13/609	SV TI Carayb Solo Sail	11/09/2023	Engine failure
MCIB/13/610	FV Graceful Morn 2	26/09/2023	Vessel aground
MCIB/13/612	FV Ocean Crest	05/10/2023	Injured crewmember
MCIB/13/613	Boat fire Killaloe	08/10/2023	Fire onboard
MCIB/13/614	FV Northern Celt	11/10/2023	Injured crewmember
MCIB/13/615	MV Oscar Wild	29/10/2023	Injured crewmember
MCIB/13/616	FV Kennedy	26/11/2023	Injured crewmember
MCIB/13/617	FV Astrid	11/12/2023	Injured crewmember
MCIB/13/618	MV Wilson Nice	27/12/2023	Engine problem
MCIB/13/619	MV UHL Future	08/12/2023	Injured crewmember
MCIB/13/620	FV Boy Jason	12/12/2023	Electrical fault

Financial Statements

2023

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Governance Statement and Board Members' Report

For the year ended 31 December 2023

Principal activities

The principal activity of the organisation continued to be the carrying out of investigations into marine casualties that take place to, or on board, Irish registered vessels worldwide and other vessels in Irish territorial waters and inland waterways.

Governance

The Board of Marine Casualty Investigation Board (MCIB) was established under Section 7(1) of the Merchant Shipping (Investigation of Marine Casualties) Act, 2000. The functions of the Board are set out in the Act of 2000 and the European Communities (Merchant Shipping) (Investigation of Accidents) Regulations 2011 and the European Communities Act 1972, European Communities (Merchant Shipping) (Investigation of Accidents) (Amendment) Regulations 2020 and the Merchant Shipping (Investigation of Marine Casualties) (Amendment) Act 2022. The Board is accountable to the Minister for Transport and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of MCIB are the responsibility of the Board Members and the Secretary to the Board.

Board Responsibilities

The work and responsibilities of the Board are set out in The Code of Conduct, which also contains the matters specifically reserved for Board decision. Standing items considered by the Board include:

- declaration of interests,
- risk register,
- financial reports/management accounts,
- investigation reports.

Section 20(1) of the Merchant Shipping (Investigation of Marine Casualties) Act, 2000, requires the Board to keep, in such form as may be approved by the Minister for Transport with the consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.

In preparing these financial statements, the Board of the MCIB is required to:

- select suitable accounting policies and apply them consistently,
- make judgements and estimates that are reasonable and prudent,
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that it will continue in operation, and
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.

The Board is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position and enables it to ensure that the financial statements comply with Section 20(1) of the

Merchant Shipping (Investigation of Marine Casualties) Act, 2000. The maintenance and integrity of the corporate and financial information on the MCIB website is the responsibility of the Board.

The Department of Transport (DoT) is responsible for allocating the annual budget. The MCIB profiles its spending at the beginning of the year to the DoT. Due to the nature of the work undertaken by the MCIB, the Board is not in a position to plan and budget with certainty for the year ahead. As a result, the Board did not use a budget as a comparison for their review of the MCIB's performance in 2023.

The Board is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board considers that the financial statements of MCIB give a true and fair view of the financial performance and the financial position of MCIB at 31 December 2023.

Implementation

Paragraph 1.19 of *Code of Practice for the Governance of State Bodies* ('the Code') requires the implementation of strategy by the management of each State body to be supported through an annual planning and budgeting cycle. Boards of State bodies are required to approve an annual plan and/or budget and to formally evaluate the actual performance by reference to the plan and/or budget on an annual basis. Due to the nature of work the MCIB undertakes, i.e. investigating marine casualties that take place to, or on board Irish registered vessels worldwide, and other vessels in Irish territorial waters and inland waterways it is not possible for the Board of the MCIB to plan with certainty for the year ahead.

Board Structure

The Board consists of not fewer than 5 members and not more than 7 members, who are appointed by the Minister.

BOARD MEMBER	ROLE	DATE APPOINTED / TERM COMPLETED
Claire Callanan	Chairperson	Appointed January 2019
Dorothea Dowling	Deputy Chairperson	Appointed April 2017
Frank Cronin	Ordinary Member	Appointed April 2017 / Term Completed March 23
Keith Patterson	Ordinary Member	Appointed July 2022
John Carlton	Ordinary Member	Appointed May 2023
Phil Murphy	Ordinary Member	Appointed May 2023
Deirdre Lane	Ordinary Member	Appointed May 2023

On 9 July 2020 the Court of Justice of the European Union ruled that Ireland had not correctly implemented Article 8(1) of Directive 2009/18/EC. The finding, made against Ireland (not the MCIB) in relation to its implementation of Directive 2009/18/EC of 23 April 2009, identified a possible conflict and that there had to be a guarantee of structural independence. The judgement is summarised as follows; The presence within [the MCIB] of two civil servants who are respectively responsible for the [Department of Transport] and the Marine Survey Office, public authorities whose interests could conflict with the task entrusted to the MCIB, has the consequence that independence in that body's organisation and decision making is not guaranteed. There was no evidence advanced whatsoever of any actual conflicts having arisen within the MCIB and expressly no complaint about the independence of its legal structure.

Following a review of the decision, the Board has implemented additional measures and procedures to better ensure the continued effective operation and compliance with the Directive as now interpreted by the CJEU.

The State addressed the Court findings through the making of amended regulations under the European Communities Act 1972 (S.I. No. 444 of 2020) to confirm that persons who fill either of the two positions can no longer be appointed as Board members for the purpose of investigations that fall within the scope of the Directive.

Schedule of Attendance, Fees and Expenses

A schedule of attendance at the Board meetings for 2023 is set out at Note 5 to the financial statements and outlines details of the fees and expenses received by each member during the year.

Performance Review

The Board has engaged with an external accountant to assist in the reviewing of the system of internal control. The review was finalised and the report approved by the Board in May 2024.

Key Personnel Changes

Frank Cronin retired as Board Member in March 2023. John Carlton, Phil Murphy and Deirdre Lane were appointed as a Board Members in May 2023. There were no other key personnel changes in the year ended 31 December 2023.

Committees

There are no committees in place. The MCIB was awarded a continued derogation regarding the Audit and Risk Committee based on the current structures and procedures in place within MCIB for financial oversight and risk management.

Disclosures Required by Code of Practice for the Governance of State Bodies (2016)

The Board is responsible for ensuring that the MCIB has complied with the requirements of The Code, as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code:

Travel and Subsistence Expenditure

There were €10,561 of travel and subsistence costs incurred by staff and board members during the year ended 31 December 2023 (2022: €676).

Consultancy Costs

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

	2023	2022
Consultative advice on the legislative process and related	€50,770	€62,662
Total	€50,770	€62,662

Legal and professional fees of €60,859 (2022: €24,300) relate to expenditure on processes that have been outsourced under 'business as usual'. The MCIB was awarded 80% of their legal costs relating to judicial review proceedings which were successfully defended.

Hospitality Expenditure

Hospitality expenditure during the year was €348 (2022: €933). Hospitality expenditure relates to costs incurred for a Board meeting.

Additional Disclosures

Employee' short-term benefits breakdown disclosure is included in Note 4 to the financial statements.

Other disclosures required by The Code in relation to legal costs and settlements, hospitality, and termination/severance payments and agreements are not disclosed as no expenditure was incurred in relation to these categories in the year ended 31 December 2023.

Statement of Compliance

The Board has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with The Code. The MCIB was awarded a continued derogation regarding the Audit and Risk Committee based on the current structures and procedures in place within MCIB for financial oversight and risk management.


The derogations from certain provisions of The Code given to the MCIB due to its small size and nature of its activities are listed below:

- Internal Audit, and Audit and Risk Committee¹
- Property Acquisition and Disposal of Surplus Property
- Acquisition of Land, Buildings or other Material Assets
- Capital Investment Appraisal
- Diversification, Establishment of Subsidiaries and Acquisitions by State Bodies
- Disposal of State Assets
- Compliance with use of Auction or Tendering Requirements²
- Risk Appetite Statement

The MCIB engages a firm of accountants who prepare the Financial Statements each year and assist MCIB during the audit process. A separate team from the accounting firm is also engaged to conduct an annual review of MCIB's internal financial controls.

The MCIB maintains a risk register which is reviewed as a standing item at every Board meeting.

The MCIB oversight agreement was finalised on 7th March 2023 after discussions and review with DoT.



Claire Callanan
Chairperson
11 June 2024

1. The MCIB maintains a risk register and a Risk Policy.

2. This derogation refers to 8.36 – 8.43 of the Code of Practice and does not extend to tendering for ongoing MCIB programme matters.

Statement on Internal Control

For the year ended 31 December 2023

Scope of Responsibility

On behalf of MCIB, I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of The Code.

Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a tolerable level rather than to eliminate it. The system can therefore only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely way.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in MCIB for the year ended 31 December 2023 and up to the date of approval of the financial statements.

Capacity to Handle Risk

Due to its small size the MCIB has received a derogation from the Department of Transport in respect of the Internal Audit function. The MCIB currently engages with its outsourced accountants to conduct an internal control review.

Risk and Control Framework

The MCIB has implemented a risk management system via a Risk Policy which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks.

A risk register is in place which identifies the key risks facing MCIB and these have been identified, evaluated and graded according to their significance. The register is reviewed on a quarterly basis, it is a standing item on the Board agenda should adjustments be required between reviews. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. I confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- an annual non-pay budget of €598,000 is provided by DoT to the MCIB for investigations and other business expenditure. The budget is drawn down as the MCIB bank balance reaches approximately €50,000. If there is a sufficient bank balance at the year end and the MCIB can confirm that further funds will not be required, the remainder of the grant not drawn down is retained by the Department.
- there are systems in place to safeguard the assets.

Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Board, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- business operational reporting can be used to derive assurance in relation to how risks are being managed,
- management activity is monitored and reviewed to determine that quality arrangements are being met in line with expectations for specific areas of risk, and
- internal control reviews are carried out by independent accountants on an annual basis.

Procurement

I confirm that the MCIB has procedures in place to ensure compliance with current procurement rules and guidelines and that during 2023 the MCIB complied with those procedures.

Review of Effectiveness

I confirm that the MCIB has procedures to monitor the effectiveness of its risk management and control procedures. All Board members have knowledge of all expenditure entered into by the MCIB in the discharge of its statutory role and are updated by the Secretary to the Board, on an ongoing basis and at each monthly Board meeting, of all payments made and any issues likely to impact on the finances of the MCIB. All payments made require the approval of and authorisation by two members of the Board on the online AIB banking system.

The MCIB's monitoring and review of the effectiveness of the systems of internal control is further informed by the work of the external auditors, the external accountants who review the internal control function, and the senior management within the MCIB responsible for the development and maintenance of the internal control framework.

I confirm that the Board conducted an annual review of the effectiveness of the internal controls for 2023 informed by the MCIB procedures in place to monitor and control ongoing Board business and expenditure, and the report of the accountants engaged in February 2024 to undertake an external review of internal controls. The Internal Control Review report was considered and approved by the Board at the Board meeting on the 7 May 2024. The Board is satisfied that the controls in place are robust and effective.

Internal Control Issues

No weaknesses in internal control were identified in relation to 2023 that require disclosure in the financial statements.

Signed on behalf of the Board



Claire Callanan
Chairperson
11 June 2024

Report of the Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas
Marine Casualty Investigation Board

Opinion on financial statements

I have audited the financial statements of the Marine Casualty Investigation Board for the year ended 31 December 2023 as required under the provisions of section 20 of the Merchant Shipping (Investigation of Marine Casualties) Act 2000. The financial statements comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of financial position
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, the financial statements give a true and fair view of the assets, liabilities and financial position of the Marine Casualty Investigation Board at 31 December 2023 and of its income and expenditure for 2023 in accordance with Financial Reporting Standard (FRS) 102 - *The Financial Reporting Standard applicable in the UK and the Republic of Ireland*.

Basis of opinion


I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Marine Casualty Investigation Board and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Marine Casualty Investigation Board has presented certain other information together with the financial statements. This comprises the annual report, the governance statement and Board members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

I have nothing to report in that regard.



John Crean

For and on behalf of the Comptroller and Auditor General
13 June 2024

Appendix to the report

Responsibilities of Board members

As detailed in the governance statement and Board members' report, the Board members are responsible for

- the preparation of annual financial statements in the form prescribed under section 20 of the Merchant Shipping (Investigation of Marine Casualties) Act 2000
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 20 of the Merchant Shipping (Investigation of Marine Casualties) Act 2000 to audit the financial statements of the Marine Casualty Investigation Board and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Marine Casualty Investigation Board's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Marine Casualty Investigation Board to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

Statement of Income & Expenditure & Retained Revenue Reserves

For the year ended 31 December 2023

		YEAR ENDED 31 DEC 2023	YEAR ENDED 31 DEC 2022
	Notes	€	€
Income			
Oireachtas Grants (Vote 31, subhead C3)		435,922	370,575
FOI Fee Income		30	-
		435,952	370,575
Expenditure			
Staff Salaries	4	141,718	132,190
Temporary Staff	4	23,871	22,398
Board Members Fees	5	36,995	24,617
Printing, Postage and Stationery		7,695	14,403
Website Design		861	1,722
Accident Investigation Expenses	3	64,313	63,061
Advertisement		-	2,162
Translation		2,503	2,815
Maps/Charts		1,328	1,107
Legal & Professional Fees		60,859	24,300
Consultative advice on the legislative process and related		50,770	62,662
Accountancy		9,225	5,233
Audit Fees		9,600	8,700
Bank Charges		338	381
Training		12,232	23,881
Sundry Expenses		726	136
		423,304	389,768
Surplus/(Deficit) for the Year		12,648	(19,193)
Accumulated Deficit 1 January		(126,711)	(107,518)
Accumulated Deficit 31 December		114,063	(126,711)

The Statement of Cash Flows and notes 1 to 10 form part of these Financial Statements.

Claire Callanan

Claire Callanan
Chairman
11 June 2024

Margaret Bell

Margaret Bell
Secretary
11 June 2024

Statement of Financial Position

As at 31st December 2023

	Notes	31 DEC 2023 €	31 DEC 2022 €
Current Assets			
Prepayments		492	492
Cash and cash equivalents		12,134	11,753
		<u>12,626</u>	<u>12,245</u>
Creditors – amounts falling due within one year			
Payables	2	<u>(126,689)</u>	<u>(138,956)</u>
Net Current (Liabilities)		<u>(114,063)</u>	<u>(126,711)</u>
Representing			
Accumulated Deficit brought forward		<u>(126,711)</u>	<u>(107,518)</u>
Surplus/(Deficit) for the period		<u>12,648</u>	<u>(19,193)</u>
Retained Revenue Reserves		<u>(114,063)</u>	<u>(126,711)</u>

The Statement of Cash Flows and notes 1 to 10 form part of these Financial Statements.



Claire Callanan
Chairman
11 June 2024



Margaret Bell
Secretary
11 June 2024

Statement of Cash Flows

For the year ended 31 December 2023

	31 DEC 2023 €	31 DEC 2022 €
Cash flows from operating activities		
Cash (absorbed by) operations	12,648	(19,193)
Increase / (decrease) in receivables	-	-
Increase / (decrease) in payables	(12,267)	6,743
Net cash inflow/(outflow) from operating activities	381	(12,450)
Net cash used in investing activities	-	-
Net cash used in financing activities-	-	-
Net increase/(decrease) in cash and cash equivalents	381	(12,450)
Cash and cash equivalents at beginning of year	11,753	24,203
Cash and cash equivalents at end of year	12,134	11,753

Notes to the Financial Statements

For the year ended 31 December 2023

Note 1. Accounting Policies

The basis of accounting and significant accounting policies adopted by the Marine Casualty Investigation Board are set out below. They have all been applied consistently throughout the year and for the preceding year.

a) General Information

The Marine Casualty Investigation Board was established under the Merchant Shipping (Investigation of Marine Casualties) Act, 2000. The Board commenced operations on 5 June 2002. It was formally established on 25 March 2003. The Board undertakes the independent investigation of marine casualties in Ireland and publishes the resulting reports.

b) Statement of Compliance

The financial statements of the Marine Casualty Investigation Board for the year ended 31 December 2023 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC).

The Board of the entity who held office at the date of approval of these Financial Statements is responsible for securing the entity's compliance with its relevant obligations and we confirm the entity's compliance with the Code of Practice for Governance of State Bodies (August) 2016.

c) Going concern

The financial statements are prepared on a going concern basis.

On 9 July 2020, the Court of Justice of the European Union (CJEU) ruled against Ireland in respect of one aspect of its implementation of Directive 2009/18/EC. Following legal analysis of that decision, two of the Board Members (the Chief Surveyor and the Secretary General's nominee) resigned from the Board in July 2020.

In that regard, in 2021, the Department of Transport (DoT) conducted a review of the current organisational structures underpinning marine casualty investigation in Ireland in the context of national, EU and international obligations. The key objective of the review was to assess the current organisational structures for marine casualty investigation in Ireland and set out in a report to the Minister for Transport any recommendations, including in relation to change, to achieve the most appropriate and effective marine casualty investigation structures for Ireland, taking into account national, EU and international obligations. One of the recommendations set out in the review was the establishment of a Marine Accident Investigation Unit (MAIU).

In December 2022 Government approved the drafting of a Merchant Shipping (Investigation of Marine Accidents) Bill, to provide for the establishment of the MAIU within the Department of Transport. The General Scheme provides for the establishment of the Marine Accident Investigation Unit (MAIU) within the Department of Transport. The MAIU will replace the Marine Casualty Investigation Board as the permanent body responsible for marine accident investigation. The main focus of the Bill is to provide the MAIU with the necessary framework to ensure it can operate independently in its organisation, legal structure and decision-making of any party whose interests could conflict with the task entrusted to it. The General Scheme also provides rule making power for the Minister for Transport to make the necessary secondary legislation for the regulation of offshore service vessels and industrial personnel.

Drafting of the Bill has commenced in conjunction with the Office of the Attorney General and the General Scheme has been sent to the Joint Oireachtas Committee on Transport and Communications for pre-legislative scrutiny. The MCIB will be dissolved once that Unit has been established.

d) Basis of preparation

The financial statements have been prepared under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below. The financial statements are in the form approved by the Minister for Transport with the concurrence of the Minister for Public Expenditure and Reform under the Merchant Shipping (Investigation of Marine Casualties) Act, 2000. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Marine Casualty Investigation Board's financial statements.

e) Period of Financial Statements

The financial statements cover the 12 month period to 31 December 2023.

f) Currency

The financial statements have been presented in Euro (€) which is also the functional currency of the board.

g) Oireachtas Grants

Income from Oireachtas Grants represent the cash and seconded staff salary costs received in the year from the Department of Transport and payments made in the year by the Department of Transport on behalf of the Marine Casualty Investigation Board's staff*.

*Note: The MCIB Secretariat comprised three permanent staff assigned from the Department of Transport in 2023.

h) Recognition of Costs of Investigations

Costs relating to ongoing investigations are accrued for at the year end, based on estimated costs per investigation. Investigators invoice the MCIB on completion of investigations and the publication of the report. Interim expenses and travel expenses are paid as they are incurred.

i) Superannuation

Department staff assigned to act as the Secretariat to MCIB are covered by the relevant Department's pension arrangements. Accordingly the Board has no liability for Pensions.

j) Cash and cash equivalents

Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

Note 2. Creditors – amounts falling due within one year

	2023 €	2022 €
Accruals	118,016	131,192
Payables	-	2,460
PSWT	8,673	5,304
	126,689	138,956

Note 3. Accident Investigation Expenses

During year ended 31st December 2023, the Board completed 9 investigations and published reports on each investigation. The total cost of the investigations completed in 2023 was €68,233. 2 interim reports of ongoing investigations were published in 2023. As at 31st December 2023, 14 investigations were in progress and not finalised. The potential cost of this work is €100,250 and this has been included in the accrued expenses figure in note 2. Investigation costs are accrued in the year of occurrence of the incident.

Also included in investigation expenses are travel and subsistence costs incurred by investigators of €8,363 (2022: €5,830) - due to a decision taken by the Board in December 2020 that investigators will be reimbursed for agreed vouched T&S expenditure at Civil Service rates.

Note 4. Staff Costs

Key management personnel

Key management personnel in MCIB consists of the members of the Board and the senior management team. The total value of employee benefits for key management personnel is set out at Note 5 to the Financial Statements.

A permanent Secretariat of three whole time staff was provided by the Department of Transport. Staff costs were recouped by the Department from the Board's grant allocation. The Board had 3 staff members assigned by DoT at the end of 2023 and 3 staff members assigned at the end of 2022. During the year a temporary member was required and this individual fee of €23,871 was paid out of the funds available to the Marine Casualty Investigation Board.

The number of staff at each pay-band is detailed in the below table.

Short-term employee benefits**	2023	2022
€	No. of employees in band	No. of employees in band
0 – 59,999	2	2
60,000 – 69,999	-	-
70,000 – 79,999	1	1
> 80,000	-	-

**Note: For the purposes of this disclosure, short term employee benefits in relation to services rendered during the reporting period include salary overtime allowances and other payments made on behalf of the employee but exclude employers PRSI

Note 5. Board Members Fee and Expenses

The Board meets on a regular basis to review its operation and held 11 ordinary meetings in 2023.

As at 31st December 2023 the Board had a total of 6 members.

The fees payable to the Chairperson and the Board members for 2023 were at rates sanctioned and approved by the Minister for Public Expenditure and Reform. The Chairperson and the Board members received a pro rata fee.

A schedule of 2023 Attendance and Fees is set out below:

Board member	Meetings Attended	2023 €	2022 €
Claire Callanan	11-Nov	8,978	8,978
Frank Cronin (retired March 2023)	03-Nov	1,496	5,985
Dorothea Dowling	08-Nov	5,985	5,985
Keith Patterson	10-Nov	5,985	2,993
John Carlton (appointed May 2023)	06-Nov	3,990	
Deirdre Lane (appointed May 2023)	07-Nov		
Phil Murphy (appointed May 2023)	06-Nov		
Total Fees		26,434	23,941

Board members are paid an annual rate, on a one off basis, not per attendance at meetings. The amounts disclosed above reflect the gross amounts payable to members.

€10,561 of travel expenses were paid to members of the Board in 2023 in respect of attendance at the Board Meetings during 2023.

Note 6. Going Concern

In the financial year ending 31 December 2023, the Board recorded an operating surplus of €12,648 and an accumulated deficit for 2002 - 2022 of €126,711. Funding has been received in 2023 and is expected to continue to be received to ensure that all liabilities can be met by the Board.

Note 7. Operating Costs

The Department of Transport provides accommodation, including the use of fixed assets, to the Board free of charge in the Department's premises in Leeson Lane, Dublin 2.

The Board funds its own operating costs with the exception of the following services which are provided by the Department of Transport free of charge:

- IT & Telephone
- Postage, stationary & internal printing costs (excluding costs relating to investigations)
- Cleaning
- other office expenses including light and heating.

Note 8. Taxation

In accordance with Section 227 of the Taxes Consolidation Act, 1997 no taxation was paid or has to be provided for in the financial statements.

Note 9. Board Members: Disclosure of Interests

All Board members have adopted procedures in accordance with Section 17 and 18 of the Merchant Shipping (Investigation of Marine Casualties) Act, 2000.

The Board conducts its business in a manner which is both impartial and is seen to be impartial in accordance with the MCIB Code of Business Conduct (see www.mcib.ie). The Code is intended to establish an agreed set of ethical principles for the conduct of the Board's business; promote and maintain confidence and trust in the Board; and prevent the development or acceptance of unethical practices in the Board. Board members advise the Secretary to the Board of potential conflicts of interest and will absent themselves from a Board meeting where a conflict of interest arises.

In complying with the requirements of the Ethics in Public Office Acts 1995 and 2001 - Annual Statements of Interests, each Board member furnishes to the Secretary on an annual basis, no later than the 31 January, a completed Statement of Interests form. Nil responses are also submitted.

Note 10. Approval of Financial Statements

The financial statements were approved by the Board on 5 March 2024.



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