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| Phone: +1-703-620-4880<br>Fax: +1-703-476-8522<br>Email: <a href="mailto:investigations@register-iri.com">investigations@register-iri.com</a><br><a href="mailto:dutyofficer@register-iri.com">dutyofficer@register-iri.com</a> | <b>REPUBLIC OF THE MARSHALL ISLANDS</b><br><b>MARITIME ADMINISTRATOR</b><br>11495 Commerce Park Drive<br>Reston, Virginia 20191-1506 USA | <u>THIS SPACE FOR OFFICIAL USE ONLY</u> |
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## REPORT OF PERSONAL INJURY OR LOSS OF LIFE

### INSTRUCTIONS

- |  |   |
|--|---|
| <p>1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.</p> <p>2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."</p> <p>3. Please see reporting guidance in Marine Guideline <a href="#">6-36-2</a>.</p> | <p>4. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.</p> <p>5. Attach crew list to this form. Attach separate Form <a href="#">109-1</a> to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.</p> |
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### I. PARTICULARS OF VESSEL

|                                 |                             |  |
|---------------------------------|-----------------------------|--|
| 1. Name of Vessel               | 2. Official Number          | 3. Name and Address of Vessel's Manager, including Designated Person Ashore's Name, Email and Telephone Number |
| 4. Type of Vessel (See Note 1.) | 5. Propulsion (See Note 2.) |  |
| 6. Name of Owner                |                             |  |

### II. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING

|  |   |  |
|--|---|--|
| 7. (a) Name of Person<br>Surname<br><br>Given Name       | (b) Home Address<br><br>E-mail Address  | (c) Date of Birth<br><br>(d) Citizenship |
| 8. Seafarer's Book or Passport No.                       | 9. (a) Status or Capacity on Vessel   | 9. (b) Date of Joining the Vessel        |
| 10. Activity Engaged in at Time of Casualty              | 11. If <input type="checkbox"/> Crew Member <input type="checkbox"/> Shore Worker <input type="checkbox"/> Passenger<br><input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other |  |
| 12. (a) Name of Immediate Supervisor at Time of Casualty | (b) Supervisor's Capacity or Status on Vessel   |  |

### III. PARTICULARS OF CASUALTY OR ACCIDENT

|   |  |   |  |
|---|--|---|--|
| 13. (a) Date of Casualty  | (b) Time (Local or UTC)<br><input type="checkbox"/> UTC <input type="checkbox"/> Local   | (c) Time Zone Description                       | (d) Time of Day<br><input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight |
| 14. Location of Vessel at Time of Casualty (See Note 3.)  |  |   | 15. Name of Body of Water  |
| 16. (a) If Casualty Occurred Underway, Port of Departure  | (b) Date of Departure  | (c) Port to Which Bound                         | (d) Est. Date of Arrival:  |
| (e) Atmospheric Conditions<br><input type="checkbox"/> Clear/Partly Cloudy/Overcast<br><input type="checkbox"/> Fog<br><input type="checkbox"/> Rain<br><input type="checkbox"/> Snow<br>Other: | (f) Visibility<br><input type="checkbox"/> Less than 1 NM distance<br><input type="checkbox"/> 1 - 2 NM<br><input type="checkbox"/> 2 - 5 NM<br><input type="checkbox"/> Over 5 NM | (g) Wind<br>Force (Beaufort):<br><br>Direction: | (h) Sea<br>Calm<br>Moderate<br><input type="checkbox"/> Rough<br>Wave Height:                                    |
|   |  | (i) Swell<br>Height:<br><br>Direction:          | (j) Temperature<br>Air:<br><br>Seawater:   |
| 17. Speed in Knots Prior to Casualty  | 18. True Course Prior to Casualty  | 19. Draft Forward                               | 20. Draft Aft  |
| 21. (a) RESULT OF CASUALTY:<br><input type="checkbox"/> Injury <input type="checkbox"/> Death <input type="checkbox"/> Missing  |  | (b) Location of Individual onboard              |  |
| (c) Nature of Injury  |  | (d) Total Days Incapacitated (72 hours or more) |  |
| (e) Medical Cause of Death  |  | (f) Date of Death                               |  |

Note 1. Type of Vessel – General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.  
 Note 2. Propulsion – Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.  
 Note 3. Location – If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

|   |                               |  |           |
|---|-------------------------------|--|-----------|
| 22. (a) onboard treatment<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                               | (b) if yes, by whom<br><input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Other (Specify)                       |           |
| (c) Briefly describe treatment administered onboard:  |                               |  |           |
| 23. Description of casualty - Please describe what happened, including the sequence of events leading to the casualty. Attach diagram and additional sheets, if necessary.  |                               |  |           |
| 24. Vessel operator's investigation / review<br><input type="checkbox"/> Not Planned <input type="checkbox"/> In-progress <input type="checkbox"/> Completed  |                               | Note: Completion of Blocks 25 and 26 is not necessary if the Operator's investigation is either in progress or completed and will be provided to the Maritime Administrator. |           |
| 25. Causal Analysis / Lessons Learned – Please describe why the casualty happened and lessons learned. Attach diagram and additional sheets, if necessary.  |                               |  |           |
| 26. Corrective / Preventive Actions – Please describe corrective actions taken after the incident and/or those that are planned to be taken in order to prevent similar incidents as well as any recommendations for the Maritime Administrator. Attach additional sheets if necessary. |                               |  |           |
| 27. Date of Report  | 28. Submitted by (Print Name) | 29. Signature  | 30. Title |