

Phone: +1-703-620-4880 Fax: +1-703-476-8522 Email: investigations@register-iri.com dutyofficer@register-iri.com	REPUBLIC OF THE MARSHALL ISLANDS MARITIME ADMINISTRATOR 11495 Commerce Park Drive Reston, Virginia 20191-1506 USA	<u>THIS SPACE FOR OFFICIAL USE ONLY</u>
REPORT OF PERSONAL INJURY OR LOSS OF LIFE		
INSTRUCTIONS		
1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.	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.	
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."	5. Attach crew list to this form. Attach separate Form 109-1 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.	
3. Please see reporting guidance in Marine Guideline 6-36-2.		
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, e-mail 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 Injured, Deceased or Missing Person Surname: Given Name:		(b) Home Address
		(c) Date of Birth
		(d) Citizenship
8. Seafarer's Book or Passport No.		9. Status or capacity on vessel for Injured, Deceased or Missing Person
10. Activity engaged in at time of casualty	11. Crew Member On watch	Shore Worker Working
		Passenger Other type
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) <input type="checkbox"/> UTC <input type="checkbox"/> Local	(c) UTC time zone (+01.00)
		(d) Time of Day Day Night 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 Clear/Partly Cloudy/Overcast Fog Rain Snow Other:	(f) Visibility Less than 1 NM distance 1 - 2 NM 2 - 5 NM Over 5 NM	(g) Wind Force (Beaufort): Direction:
		(h) Sea Calm Moderate Rough Wave Height:
		(i) Swell Height: Direction:
		(j) Temperature Air: 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 <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 Yes No		(b) if yes, by whom Ship's Doctor Other Ship's Personnel 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 Not Planned In-progress 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	