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## REPORT OF ACTS OF PIRACY AND/OR ARMED ROBBERY AGAINST VESSELS

### INSTRUCTIONS

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| <ol style="list-style-type: none"> <li>1. This form is to be completed to report incidents of piracy, armed attacks, hijacking or terrorism.</li> <li>2. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the incident (attempted or actual).</li> <li>3. 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."</li> </ol> | <ol style="list-style-type: none"> <li>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.</li> <li>5. Attach separate form <a href="#">MI-109-1</a> to this report for each person injured, killed, or incapacitated in excess of 72 hours as a result of this incident.</li> <li>6. Attach separate form <a href="#">MI-109</a> to this report for any damage or loss to/ of vessel.</li> </ol> |
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### I. VESSEL PARTICULARS | OWNER | ISM/ISPS CODE COMPANY

1. Vessel Name	
2. Official Number	3. IMO Number
4. Gross Tonnage and Length Overall	5. Vessel Type
6. Propulsion Type and Rated Horsepower / KW	7. Ship's Freeboard (Meters) Forward:                      Amidships:                      Aft:
8. Name of Owner	
9. ISM/ISPS Code Company Name, Address and Telephone including CSO's and/or DPA's Name, Email and Telephone	
10. Cargo Details (Type/Quantity)	
11. Numbers of Crew and Nationality – Leave blank if crew list attached	

### II. ATTACK PARTICULARS | VESSEL POSITION AND STATUS

12. Type of Attack <input type="checkbox"/> Attack Successful <input type="checkbox"/> Attack thwarted by external forces <input type="checkbox"/> Attack thwarted by ships practices <input type="checkbox"/> Attack aborted <input type="checkbox"/> Suspicious Activity			
13. Date of Incident	14. Time <input type="checkbox"/> UTC <input type="checkbox"/> Local	15. Zone Description	16. Period of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
17. Visibility <input type="checkbox"/> < 2 miles <input type="checkbox"/> 2- 5 miles <input type="checkbox"/> > 5 miles	18. Wind Force:                      Direction (°True):	19. Sea State Wave height:                      Swell height:	
20. Geographic Location of Vessel at Time of Incident (a) Latitude                                      (b) Longitude                                      (c) Geographical Name of Body of Water			
(d) Last Port of Departure			(e) Date of Departure

<b>II. ATTACK PARTICULARS   VESSEL POSITION AND STATUS (continued)</b>	
(f) Scheduled Port of Arrival	(g) Date of Expected Arrival
21. If attacked at anchor - name of anchorage	In port limits <input type="checkbox"/> Yes <input type="checkbox"/> No      Security Level
22. If attacked while moored alongside - name of port facility	Security Level
21. If attacked while underway	
(a) Ship Heading:	Degrees True
(b) Speed:	Knots
<b>III. SHORE / PORT AUTHORITY CONTACT DETAILS</b>	
23. Notified applicable authorities (Maritime Administrator, Coastal State, MDAT-GoG, UKMTO, Port Authority, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, to whom:	
24. Reported to Port Facility Security Officer <input type="checkbox"/> No <input type="checkbox"/> Yes    If Yes, name and contact details	
25. Actions taken by shore or port authorities e.g., Coastal State, IMB, MDAT-GoG, ReCAAP, UKMTO, Naval Task Forces, etc.	
26. Preferred method of vessel's external communications (SATCOM, Radio, other)	
<b>IV. INCIDENT DETAILS</b>	
27. Method used by perpetrators to cause the vessel to lay-to and/or embark the vessel	
28. Type of weapons used by perpetrators	
29. Number of perpetrators involved and duration of attack, type of attack (e.g., attempted/boarded, whether attack was aggressive / violent)	
30. Suspected or known identity and description of perpetrators (e.g., dress, physical appearance, language spoken, if known)	

**IV. INCIDENT DETAILS (continued)**

31. Details of incident (In addition to above type of small craft and communication equipment please describe: how vessel was approached; how perpetrators boarded vessel; and how perpetrators established control of crew. Attach separate sheets if necessary.)

32. Consequences to crew (During the attack and treatment while perpetrators were onboard - attach separate sheets if necessary.)  
Serious injuries or loss of life?  Yes  No If yes, complete and attach form MI-109-1, Report of Personal Injury or Loss of Life.

33. Post incident consequences and impacts (e.g., Noticeable changes in crew's behavior, morale, damages to the ship (description), items stolen (estimated financial impact), other, etc. - attach separate sheet if necessary.)

34. Incident Prevention & Response Actions (As appropriate address effectiveness of Best Management Practices (BMP), armed security guards, citadel, how crew was internally alerted, use of SSAS, etc. - attach separate sheet if necessary.)

35. Recommended SSP & BMP amendments (Proposed preventative measures, e.g. set higher Security Level, additional lighting, employment of an armed security team, etc. - attach separate sheet if necessary).

**V. REPORT**

36. Date of Report

37. Submitted by (Print Name)

38. Signature

39. Title