

Phone: +1-703-620-4880 Fax: +1-703-476-8522 Email: marsec@register-iri.com dutyofficer@register-iri.com	REPUBLIC OF THE MARSHALL ISLANDS MARITIME ADMINISTRATOR 11495 Commerce Park Drive Reston, Virginia 20191-1506 USA	THIS SPACE FOR OFFICIAL USE ONLY
REPORT OF SUSPICIOUS ACTIVITY, ATTACK, PIRACY, AND/OR ARMED ROBBERY		
INSTRUCTIONS		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. This form is to be completed to report incidents of piracy/hijacking, armed robbery, illegal boarding, kidnapping, suspicious activity, terrorism, or political activism/sabotage.</p> <p>2. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the incident (attempted or actual).</p> <p>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."</p> </div> <div style="width: 48%;"> <p>4. This form should be completed by the Master, Ship Security Officer, or Company Security Officer.</p> <p>5. Attach a separate MI-109 Form to this report for each person injured, killed, or incapacitated as a result of this incident.</p> </div> </div>		
I. VESSEL PARTICULARS / OWNER / ISM/ISPS CODE COMPANY		
1. Vessel Name		
<div style="display: flex; justify-content: space-between;"> 2. Official Number 3. IMO Number </div>		
4. ISM/ISPS Code Company Name, Address and Telephone including CSO's and/or DPA's Name, Email and Telephone		
5. Numbers of Crew and Nationality – Leave blank if crew list attached		
II. INCIDENT PARTICULARS / VESSEL POSITION AND STATUS		
6. Type of Attack <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Attack Successful <input type="checkbox"/> Attack aborted </div> <div style="width: 30%;"> <input type="checkbox"/> Attack thwarted by external forces <input type="checkbox"/> Suspicious Activity </div> <div style="width: 30%;"> <input type="checkbox"/> Attack thwarted by ship's practices </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">7. Date of Incident</div> <div style="width: 30%;">8. Time (UTC)</div> <div style="width: 30%;">9. Period of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight </div> </div>		
10. Geographic Location of Vessel at Time of Incident (a) Name of Body of Water if outside of territorial waters (outside 12 nautical miles from shore) (b) Name of Coastal State if within territorial waters (within 12 nautical miles from shore) <div style="display: flex; justify-content: space-between;"> (c) Longitude (d) Latitude </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (e) Last Port of Departure (g) Scheduled Port of Arrival </div> <div style="width: 45%;"> (f) Date of Departure (h) Date of Expected Arrival </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 55%;">11. If attacked at anchor - name of anchorage</div> <div style="width: 40%;"> In port limits Yes No Security Level </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">12. If attacked while moored alongside - name of port facility</div> <div style="width: 30%;">Security Level</div> </div>		

13. If attacked while underway	
(a) Heading:	Degrees True:
(b) Speed:	Knots:
III. SHORE / PORT AUTHORITY CONTACT DETAILS	
14. 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:	
15. Reported to Port Facility Security Officer <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, name and contact details	
16. Actions taken by shore or port authorities e.g., Coastal State, MDAT-GoG, UKMTO, Naval Task Forces, etc.	
17. Preferred method of vessel's external communications (SATCOM, Radio, other)	
IV. INCIDENT DETAILS	
18. Method used by perpetrators to cause the vessel to lay-to and/or embark the vessel	
19. Type of weapons used by perpetrators	
20. Number of perpetrators involved and duration of attack, type of attack (e.g., attempted/boarded. whether attack was aggressive / violent)	
21. Suspected or known identity and description of perpetrators (e.g., dress, physical appearance, language spoken, if known)	

22. 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.)

23. 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.

24. 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.)

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

26. Proposed SSP & BMP amendments (Proposed new measures needed to prevent recurrence, i.e., set higher MARSEC level, additional lighting, employment of an armed security team, etc. - attach separate sheet if necessary.)

V. REPORT

27. Date of Report

28. Submitted by (Print Name)

29. Signature

30. Title

*****For Official Use Only*****

Case Status: OPEN

1. Administrator Recommendations:

2. ISPS Code Failure? Yes No

3. If yes, are the proposed preventive/corrective measures noted in #25 and #26 acceptable? Yes No

4. Additional Comments (if necessary):

Deputy Commissioner of Maritime Affairs
Republic of the Marshall Islands