

Return Completed Form to: marsec@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>
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REPORT OF STOWAWAYS

INSTRUCTIONS

<ol style="list-style-type: none"> 1. This form must be completed to report incidents of stowaways. 2. An original copy of this form should be submitted to the Maritime Administrator as soon as possible. 3. This form must be completed in full. Entries which do not relate to a case should be indicated as not applicable by inserting "N/A." 	<ol style="list-style-type: none"> 4. This form should be completed by the Master, Ship Security Officer, or Company Security Officer. 5. Attach a separate MI-109 Form to this report for each person injured, killed, or incapacitated as a result of this incident. 6. Return completed form to marsec@register-iri.com and dutyofficer@register-iri.com.
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I. VESSEL PARTICULARS / ISM CODE COMPANY INFORMATION

1. Vessel Name:	2. Master's Name:
3. Official Number:	4. IMO Number:
5. ISM Code Company Name /Address:	6. CSO Name, Email and Telephone:
7. Name, Address and Telephone of Agent at Next Port:	

II. EMBARKATION DETAILS

8. Date:	9. Time (UTC):	10. Country:
11. Number of Stowaways Found on Board:		12. Port Name / IMO Port Facility Number:
13. Date Stowaway(s) Found on Board:		14. Berth:
15. Method of Stowaway Embarkation:		16. Terminal:

III. INCIDENT DETAILS

17. Statement of Fact / Additional Information (may attach if necessary):

III. INCIDENT DETAILS (continued)

18. Proposed Corrective and Preventive Actions / Proposed Amendment(s) to SSP (if applicable):

IV. STOWAWAY DETAILS

Provide the following information for each stowaway and attach photograph(s) if available:

Stowaway No. 1			
A. Personal Details			
Surname:		Given Name(s):	
Name by Which Known (Alias/Nickname/Other):			
Gender: Male Female	Height:	Weight:	Race:
Hair Color:	Identifying Marks or Characteristics:		
Claimed Nationality:	Date of Birth:	Place of Birth:	
Current Country of Domicile:	Home Address:		
Document Type:		Document No.:	
Issue Date:	Issue Location:	Expiration Date:	
Issuing Authority:			
Language:	Spoken: _____	Read: _____	Written: _____
Other Language:	Spoken: _____	Read: _____	Written: _____

B. Embarkation Details		
Country:	Date:	Time (UTC):
Port:	Berth:	Terminal:
IMO Port Facility Number:		
Method of Embarkation:		
Location Found on Board:		
Intended Destination:		
Reason for Boarding the Ship:		
Political Asylum Requested? (Yes or No): Select:		

C. Disembarkation Details		
Country:	Date:	Time (UTC):
Port:	Berth:	Terminal:
Disembarkation Successful? (Yes or No): Select:		Stowaway Repatriated? (Yes or No): Select:

D. Attempted Disembarkation Details		
Port / Country:	Date:	Time (UTC):
Comments:		

Attach form [MI-109-3A](#) for each additional stowaway

*****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 #18 acceptable? Yes No

4. Additional Comments (if necessary):

Type in Name

Select Appointment...

Republic of the Marshall Islands