Fax:+1-7/03-47/6-8522MARITIMEmail:marsec@register-iri.com11495 Complexity		F THE MARSHALL ISLANDS IME ADMINISTRATOR 5 Commerce Park Drive , Virginia 20191-1506 USA			THIS SPACE FOR OFFICIAL USE ONLY
	REPORT OF C	CONTRABAND	SMUGGL	ING	
	Π	NSTRUCTIONS			
 This form is to be completed to report smuggling 	3. This form should be submitted by the Master, Ship Security Officer, or Company Security Officer.				
2. This form must be completed in full. Er pertain to the case should be indicated a					
I. VESSEL I	PARTICULARS	/ OWNER / ISN	I/ISPS CO	DE CON	IPANY
1. Vessel Name	2. IMO Number				
	II CONTR	ABAND PARTI			
4. Type(s) of drugs found on board	II. CONTR	5. Type(s) of arm		oard	6. Endangered Species / Other
Amphetamines Heroin	Other (list below)	Ammunition	Other (li		of Endungered Species / Other
Cannabis Opiates		Explosives		<i>st</i> 0010 <i>W</i>)	
- Cocaine Pharmaceutic	als	Firearms			
7. Last Port of Call					
(a) Port Name (b) Port City / State					
(c) Date					
8. Port/Location of Contraband Disco	overy / Vessel Arrest				
(a) Port Name (b) Port City / S		ort City / State			
(c) Date	(d) V	essel Arrested?	Yes	No	
9. Evidence of Suspected Crew Invol-	vement?	Yes	No	Unknov	vn

III. SHORE / PORT AUTHORITY CONTACT DETAILS			
9. Crew Arrested or Detained? Yes No			
10. Arresting Authority (if applicable)			
11 Actions taken by port State authorities			
TI Actions taken by port State authorities			
IV. METHOD OF SMUGGLING			
12. Method used to hide contraband (disguised as legitimate goods, attached to hull, hidden, etc).			
Attach photos if available			
13. Proposed Preventive / Corrective Actions (i.e. potential amendments to Ship Security Assessment/Plan			

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Case Status:				
1. Administrator Recommendations:				
2. ISPS Code Failure? Yes No				
2. ISPS Code Fallure? Fes No				
3. If yes, are the proposed corrective actions acceptable? Yes No				
4. Additional Comments (if necessary):				
Deputy Commissioner of Maritime Affairs				
Republic of the Marshall Islands				