

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, VA 20191-1506 USA	THIS SPACE FOR OFFICIAL USE
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REPORT OF MARINE CASUALTY OR MARINE INCIDENT

INSTRUCTIONS

- An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
- 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."
- This form should be completed by the Master or person in charge, or, if neither is available, by the owner or duly authorized agent.
- The particulars of each person, injured, deceased, or missing should be recorded on page 3. If more than three persons were injured, deceased, or missing, their particulars should be reported using an MI-109 Supplement.

PARTICULARS OF VESSEL

Vessel Name	Official Number	Name of Master or Person in Charge
Name/Rank of Deck Officer on Duty at Time of Casualty	Name/Rank of Engineer on Duty at Time of Casualty	In UMS mode Yes No

PARTICULARS OF MARINE CASUALTY

Incident Date	Time UTC Local	Time Zone Description	Location of Casualty (see Note 1.)		
Name of Body of Water			In Port / Canal Yes No	Pilot On board Yes No	Mandatory Yes No
If incident occurred underway, Port of Departure		Date of Departure	Scheduled Arrival Port		Est. Date of Arrival
Nature of Cargo (describe and give amounts in Long Tons)			Amount Dry Cargo	Amount Bulk Liquid	Amount Deck Cargo
Speed in Knots Prior to Casualty:		True Course Prior to Casualty:		Draft Forward: Draft Aft:	
Time of Day Day Twilight Night	Atmospheric Conditions Clear/Partly Cloudy Overcast Fog Rain Snow	Visibility 1 NM 2-5 NM 2-2 NM Over 5 NM	Wind Force (Beaufort) Direction (T)	Sea State Direction (T)	Sea Ice Present Thickness(m) %
Voyage Data Recorder Saved Yes No		Manufacture / Model	Is Vessel a Total Loss No Yes Actual Constructive		
Confirmation that Port and/or Coastal State has been informed (as required) Yes No N/A			Please include a copy of the notification, including any forms that might have been submitted along with the MI-109		

Nature of Marine Casualty of Marine Incident (check one or more of the following)

Collision or Allision (include name and flag of other vessel or type of object in the description of marine casualty) Grounding / Stranding Fire / Explosion / Implosion Sinking Loss of Stability / Compromised Stability Flooding / Structural Damage Main Engine malfunction / failure Steering Gear malfunction / failure	Loss of electrical power Loss of primary lifesaving equipment Lifting Gear malfunction / failure Loss of Cargo (include details in the description of the marine casualty) Serious Injury Occupation Death / Missing Non-Occupational Death / Missing Other (please describe below)	Environmental Incident Bunkers Ship's Stores Cargo Other Material released Quantity released (m3/tonnes) Number of Dead, Missing, or Seriously Injured (provide details on page 3)																
		<table border="1"> <tr> <th>Number</th> <th>Crew</th> <th>Passenger</th> <th>Third Party</th> </tr> <tr> <td>Injured</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dead</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Missing</td> <td></td> <td></td> <td></td> </tr> </table>	Number	Crew	Passenger	Third Party	Injured				Dead				Missing			
Number	Crew	Passenger	Third Party															
Injured																		
Dead																		
Missing																		

Note 1. Location – if at open sea, provide Latitude and Longitude; if near coast, provide distance and true bearing to nearest charted object or feature; if in port, straits, river, channel, etc., give name

DESCRIPTION OF CASUALTY – Please describe what happened, including the sequence of events leading to the casualty. Attach diagram and additional sheets, if necessary.		
Vessel Operator’s Investigation / Review	Not Planned	In Progress
Completed		
Note: Completion of Identified Causal Factors and Identified Lessons Learned are not necessary if the Operator’s investigation is in progress.		
IDENTIFIED CAUSAL FACTORS – Please describe why the casualty happened. Attach diagram and additional sheets, if necessary.		
IDENTIFIED LESSONS LEARNED – Please describe what was learned to prevent similar occurrences.		
Date completed	Completed by	Position

PARTICULARS OF EACH PERSON INJURED, DECEASED OR MISSING¹

Surname			Given Name	
Date of Birth	Citizenship	Status or Capacity on Vessel	Date of Joining the Vessel	Length of Contract
Result of Casualty Injury Death Missing		Type of Injury	Total Days Incapacitated (72 hours or more)	
Medical Cause of Death (if known)		Location on board	Date	Time (UTC)
Briefly describe treatment administered onboard				

Surname			Given Name	
Date of Birth	Citizenship	Status or Capacity of Vessel	Date of Joining the Vessel	Length of Contract
Result of Casualty Injury Death Missing		Type of Injury	Total Days Incapacitated (72 hours or more)	
Medical Cause of Death (if known)		Location on board	Date	Time (UTC)
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Date of Birth	Citizenship	Status or Capacity on Vessel	Date of Joining the Vessel	Length of Contract
Result of Casualty Injury Death Missing		Type of Injury	Total Days Incapacitated (72 hours or more)	
Medical Cause of Death (if known)		Location on board	Date	Time (UTC)
Briefly describe treatment administered onboard				

¹If more than three persons are being reported as injured, deceased, or missing, attach additional MI-109 Supplements as necessary.