

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, Virginia 20191-1506 USA

THIS SPACE FOR OFFICIAL USE ONLY

REPORT OF MARINE CASUALTY

INSTRUCTIONS

1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.
2. 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."
3. Please see the reporting guidance in [MG-6-36-2](#).
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.
5. Attach crew list to this form. Attach separate Form [109-1](#) to this report for each person killed or injured and incapacitated in excess of 72 hours as a result of the vessel casualty reported herein.

I. PARTICULARS OF VESSEL

1. Name of Vessel		2. Official Number	3. Year Built	4. Gross Tonnage	5. Net Tonnage
6. Type of Vessel (See Note 1.)		7. Propulsion (See Note 2.)		8. Place Built	
9. Name of Owner			10. Name and Address of ISM Code Company, including DPA's Name, Email and Telephone Number		
11.(a) Name of Master or Person in Charge		(b) Citizenship	(c) Date of Birth	(d) License Grade and Date of Issue	

II. PARTICULARS OF MARINE CASUALTY

12.(a) Incident Date		(b) Time <input type="checkbox"/> UTC <input type="checkbox"/> Local	(c) Zone Description	13. Location of Casualty (See Note 3.)	
14. Name of Body of Water			15. In port / canal limits <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Pilot Onboard: <input type="checkbox"/> Yes <input type="checkbox"/> No Mandatory: <input type="checkbox"/> Yes <input type="checkbox"/> No	
17.(a) If Incident occurred underway, Port of Departure			(b) Date of Departure	(c) Scheduled Arrival Port	(d) Est. Date of Arrival:
18.(a) Nature of Cargo (Describe and give amounts in Long Tons)			(b) Amount Dry Cargo	(c) Amount Bulk Liquid	(d) Amount Deck Cargo
19. Speed in Knots Prior to Casualty		20. True Course Prior to Casualty		21. Draft Forward	
22. Draft Aft					
23. Time of Day <input type="checkbox"/> Day <input type="checkbox"/> Twilight <input type="checkbox"/> Night Time of Sunrise: Time of Sunset: <input type="checkbox"/> UTC <input type="checkbox"/> Local Time		24. Atmospheric Conditions <input type="checkbox"/> Clear / Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other:		25. Visibility <input type="checkbox"/> Less than 1 NM Distance: <input type="checkbox"/> 1 - 2 NM <input type="checkbox"/> 2 - 5 NM <input type="checkbox"/> Over 5 NM	
26. Wind Force (Beaufort): Direction (° True):		27. (a) Sea <input type="checkbox"/> Calm <input type="checkbox"/> Moderate <input type="checkbox"/> Rough Wave Height:		(b) Swell Height: Direction:	
(c) Sea Ice <input type="checkbox"/> Present Thickness (m): %:		28. Navigation Equipment (Check one or more of the following)			
Radar <input type="checkbox"/> Operational <input type="checkbox"/> Used		ARPA <input type="checkbox"/> Operational <input type="checkbox"/> Used		ECDIS <input type="checkbox"/> Fitted <input type="checkbox"/> Primary chart <input type="checkbox"/> Operational	
29. Communications Equipment (check one or more of the following)		Radiotelephone <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> In use with Shore Stations <input type="checkbox"/> Not Used			
DSC Alert <input type="checkbox"/> Transmitted <input type="checkbox"/> Acknowledged by Other Vessel <input type="checkbox"/> Acknowledged by Shore Station		30. Voyage Data Recorder Saved: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacture / Model:			
31. Rules of the Road Applicable at Time of Casualty <input type="checkbox"/> International / COLREGS <input type="checkbox"/> Other (specify)		32. (a) Deck Officer on Duty at Time of Casualty Name:			
(b) License Grade:		(c) License No.:			
33. (a) Engineer on Duty at Time of Casualty; as well as if in UMS mode Name:		(b) License Grade:		(c) License No.:	
(d) In UMS mode: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.

Note 2. Propulsion - Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.

Note 3. Location - If open sea, Latitude and Longitude; if near coast, distance and true bearing to charted object or feature; if in port, straits, river, channel, etc., give name.

34. Nature of the Incident or Casualty (Check one or more of the following. Please provide pertinent details in item 37.)						
<input type="checkbox"/>	COLLISION WITH OTHER VESSEL(S) – Provide Name and Flag of Other Vessels:			<input type="checkbox"/>	ICE DAMAGE	
<input type="checkbox"/>	ALLISION/CONTACT WITH FLOATING, SUBMERGED OR FIXED OBJECT			<input type="checkbox"/>	MAIN ENGINE MALFUNCTION / FAILURE	
<input type="checkbox"/>	FIRE / EXPLOSION			<input type="checkbox"/>	STEERING MALFUNCTION / FAILURE	
<input type="checkbox"/>	OVER-PRESSURIZATION / IMPLOSION			<input type="checkbox"/>	MACHINERY DAMAGE (Auxiliaries, boilers, evaporators, deck & cargo machinery, electrical, etc.)	
<input type="checkbox"/>	GROUNDING / STRANDING			<input type="checkbox"/>	MATERIAL DAMAGE (Ship's structure)	
<input type="checkbox"/>	SINKING			<input type="checkbox"/>	CRITICAL EQUIPMENT FAILURE / DAMAGE (Lifesaving, firefighting, navigation, etc.)	
<input type="checkbox"/>	LOSS OF STABILITY / COMPROMISED STABILITY			<input type="checkbox"/>	CARGO DAMAGE (No Damage to Vessel)	
<input type="checkbox"/>	FLOODING (progressive flooding, loss of hull integrity, etc.)			<input type="checkbox"/>	ENVIRONMENTAL INCIDENT	
<input type="checkbox"/>	HEAVY WEATHER DAMAGE			<input type="checkbox"/>	OTHER INCIDENT / CASUALTY – Describe:	
35. Personnel		Crew	Passenger	Other	Totals	36. Environmental Incidents (complete only for actual or potential releases)
(a) Number On Board						(a) <input type="checkbox"/> Bunkers <input type="checkbox"/> Ship's Stores <input type="checkbox"/> Cargo <input type="checkbox"/> Other:
(b) Number Known Dead						(b) Material released:
(c) Number Missing						(c) Quantity released (m ³ / tonnes):
(d) Number Injured						37. Is Vessel a Total Loss? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Actual <input type="checkbox"/> Constructive
38. DESCRIPTION OF CASUALTY - Please describe what happened, including the sequence of events leading to the casualty. Attach diagram and additional sheets, if necessary.						
39. Vessel Operator's Investigation / Review				Note: Completion of Blocks 40 and 41 is not necessary if the Operator's Investigation is either In Progress or Completed and will be provided to the Maritime Administrator.		
<input type="checkbox"/> Not planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed						
40. CAUSAL ANALYSIS / LESSONS LEARNED – Please describe why the casualty happened and lessons learned. Attach diagram and additional sheets, if necessary.						
41. CORRECTIVE / PREVENTATIVE ACTIONS – Please describe corrective actions taken after the incident and/or those that are planned to be taken in order to prevent similar incidents as well as any recommendations for the Maritime Administrator. Attach additional sheets if necessary.						
42. Date of Report	43. Submitted by (Print name)			44. Signature	45. Title	