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### Report of Marine Casualty or Marine Incident - Supplement

#### PARTICULARS OF EACH PERSON INJURED, DECEASED OR MISSING<sup>1</sup>

Surname Name			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					

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Date of Birth	Citizenship	Status or Capacity on Vessel	Date of Joining the Vessel	Length of Contract	
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Briefly describe treatment administered onboard					

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