

Phone: +1-703-620-4880 Fax: +1-703-476-8522 Email: <a href="mailto:investigations@register-iri.com">investigations@register-iri.com</a> <a href="mailto:dutyofficer@register-iri.com">dutyofficer@register-iri.com</a>	<b>REPUBLIC OF THE MARSHALL ISLANDS</b> <b>MARITIME ADMINISTRATOR</b> 11495 Commerce Park Drive Reston, Virginia 20191-1506 USA	<u>THIS SPACE FOR OFFICIAL USE ONLY</u>
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## REPORT OF PERSONAL INJURY OR LOSS OF LIFE

### INSTRUCTIONS

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| <p>1. An original of this form shall be submitted to the Maritime Administrator as soon after the occurrence of the casualty as possible.</p> <p>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."</p> <p>3. Please see reporting guidance in Marine Guideline <a href="#">6-36-2</a>.</p> | <p>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.</p> <p>5. Attach crew list to this form. Attach separate Form <a href="#">109-1</a> 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.</p> |
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### I. PARTICULARS OF VESSEL

1. Name of Vessel	2. Official Number	3. Name and address of vessel's manager, including Designated Person Ashore's name, e-mail and telephone number
4. Type of Vessel (See Note 1.)	5. Propulsion (See Note 2.)	
6. Name of Owner		

### II. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING

7. (a) Name of <b>Injured, Deceased or Missing</b> Person <b>Surname:</b> <b>Given Name:</b>	(b) Home Address  E-mail Address	(c) Date of Birth  (d) Citizenship
8. Seafarer's Book or Passport No.	9. Capacity on vessel for <b>Injured, Deceased or Missing</b> Person	
10. Activity engaged in at time of casualty	11. Crew Member      Shore Worker      Passenger On watch              Working              Other type	
12. (a) Name of immediate supervisor at time of casualty	(b) Supervisor's Capacity or Status on Vessel	

### III. PARTICULARS OF CASUALTY OR ACCIDENT

13. (a) Date of Casualty	(b) Time (local or UTC) <input type="checkbox"/> UTC <input type="checkbox"/> Local	(c) UTC time zone (+01.00)	(d) Time of Day Day      Night      Twilight		
14. Location of vessel at time of casualty ( <i>see</i> Note 3.)			15. Name of Body of Water		
16. (a) If casualty occurred underway, port of departure		(b) Date of departure	(c) Port to which bound		
(d) Est. date of arrival					
(e) Atmospheric Conditions Clear/Partly Cloudy/Overcast Fog Rain Snow Other:	(f) Visibility Less than 1 NM distance 1 - 2 NM 2 - 5 NM Over 5 NM	(g) Wind Force (Beaufort):  Direction:	(h) Sea Calm Moderate Rough Wave Height:	(i) Swell Height:  Direction:	(j) Temperature Air:  Seawater:
17. Speed in Knots Prior to Casualty	18. True Course Prior to Casualty	19. Draft Forward		20. Draft Aft	
21. (a) Result of casualty <input type="checkbox"/> Injury <input type="checkbox"/> Death <input type="checkbox"/> Missing		(b) Location of individual when incident occurred			
(c) Nature of Injury		(d) Total days incapacitated (72 hours or more)			
(e) Medical cause of death		(f) Date of death			

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; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.

22. (a) onboard treatment Yes      No		(b) if yes, by whom Ship's Doctor      Other Ship's Personnel      Other (Specify)		
(c) Briefly describe treatment administered onboard:				
23. Description of casualty - Please describe what happened, including the sequence of events leading to the casualty. Attach diagram and additional sheets, if necessary.				
24. Vessel operator's investigation / review Not Planned      In-progress      Completed			Note: Completion of Blocks 25 and 26 is not necessary if the Operator's investigation is either in progress or completed and will be provided to the Maritime Administrator.	
25. Causal Analysis / Lessons Learned – Please describe why the casualty happened and lessons learned. Attach diagram and additional sheets, if necessary.				
26. Corrective / Preventive 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.				
27. Date of Report	28. Submitted by (Print Name)	29. Signature	30. Title	