



**REPUBLIC OF
THE MARSHALL ISLANDS**

**OFFICE OF THE
MARITIME ADMINISTRATOR**

Marine Guideline

No. 6-36-2

3/12

TO: ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF MERCHANT SHIPS, AND RECOGNIZED ORGANIZATIONS

SUBJECT: Notification and Reporting of Marine Casualties, Marine Incidents, Occurrences and Offenses.

- References:**
- (a) Marshall Islands Maritime Act of 1990, as amended (MI-107)
 - (b) Marshall Islands Maritime Regulations (MI-108), Chapter 6
 - (c) Rules for Marine Investigations (MI-260)
 - (d) International Maritime Organization Resolution A.647 (16), IMO Guidelines on Management for the Safe Operation of Ships and for Pollution Prevention-
 - (e) Maritime Labor Convention, 2006

PURPOSE:

This Marine Guideline amplifies the notification and reporting requirements contained in reference (b) above and in section 3.0 of reference (c) above. It supersedes MN-6-036-1 and MN-6-037-1, which have been revoked.

This Marine Guideline does not include reporting requirements for:

- Piracy (successful or attempted) and armed robbery (MN-2-011-31);
- Stowaways (MG-7-41-5); or,
- MARPOL contraventions, such as low sulphur fuel oil reporting requirements (MN-2-013-8) and inadequate reception facilities (MN-2-014-2).

Reporting requirements for these are contained in the documents identified in parentheses, above.

APPLICABILITY:

This Marine Guideline applies to owner/operators and Masters of all Republic of the Marshall Islands (RMI) flagged vessels.

REQUIREMENTS:

1.0 **Initial Notification**

- 1.1 As required by references (b) and (c) above, the owner, charterer, manager, operator, Master, agent or person in charge of a vessel registered under the RMI Maritime Act involved in a Marine Casualty, Marine Incident or Occurrence, including an Offense, shall immediately (within 24 hours) advise the RMI Maritime Administrator (the “Administrator”) of the Marine Casualty, Marine Incident or Occurrence by the fastest means possible, including fax, email, or telephone.
- 1.2 Vessel operators should be aware that the Administrator frequently receives reports of Marine Casualties, Marine Incidents, Occurrences or Offenses from third parties less than 24 hours after they occur. The receipt of such reports will prompt an inquiry from the Administrator to the vessel’s operator.
- 1.2 The initial notification should include, as appropriate, the following information:
- Vessel name;
 - Date and time of the Marine Casualty, Marine Incident or Occurrence;
 - Type of Marine Casualty, Marine Incident or Occurrence;
 - Vessel’s location and, if at sea, next port of call;
 - Current situation on board and status of the crew;
 - Confirmation that port or coastal State authorities have been notified; and,
 - Details for preferred contact, if other than the DPA.
- 1.3 Initial notifications should be made to the Administrator at:

Email: investigations@register-iri.com
or for emergencies requiring an immediate response:
dutyofficer@register-iri.com.

Telephone: +1-703-620-4880
Fax: +1-703-476-8522

2.0 **Follow-Up Reporting**

- 2.1 In accordance with reference (b) above, a follow-up report is required to be submitted promptly after the initial notification by the owner, charterer, manager, operator, Master or person in charge of a vessel involved in a Marine Casualty or Marine Incident. Typically a follow-up report should be submitted within five (5) days of the initial notification. Follow-up reports should be submitted if one (1) or more of the following criteria is met:
- material damage as defined in reference (c) above affecting the seaworthiness of a vessel;

- collision, allision, stranding, grounding, abandonment or loss of a vessel;
 - severe damage to the environment;
 - fire or explosion;
 - loss of life;
 - injury causing any person(s) to remain incapacitated for a period in excess of 72 hours or disease that has been diagnosed by a medical professional as communicable with a high probability of infecting others aboard the vessel; or,
 - port or coastal State action in response to the contravention of or non-compliance with any International Conventions and Agreements to which RMI is a party or which it has implemented.
- 2.2 In addition to the above, anytime it is necessary to initiate onboard emergency response operations (such as deploying rescue boat, deploying an emergency party, etc.) or taking evasive actions beyond normal maneuvers to avoid collision should be reported. This does not include drills.
- 2.3 When making a follow up report for a Marine Casualty or Marine Incident the following should be submitted as appropriate to the Administrator: a Report of *Marine Casualty or Marine Incident* (form MI-109, as amended) or a Report of *Personal Injury or Loss of Life* (form MI-109-1, as amended). The report should be filled out as completely as possible. If there are any serious injuries or deaths as a result of the Marine Casualty or Marine Incident, a Report of *Personal Injury or Loss of Life* for each death or serious injury should be submitted along with the *Report of Marine Casualty or Marine Incident*. See Appendix 1 for the MI-109 and Appendix 2 for the MI-109-1. These forms can be downloaded from: www.register-iri.com.
- 2.4 When making a follow up report for a Marine Incident, Occurrence or Offense as defined in references (b) and (c) above for which neither the *Report of Marine Casualty or Marine Incident* nor the *Report of Personal Injury or Loss of Life* is appropriate, the report should be made in writing. The written report should include the information provided in the initial notification as well as the available details of the Occurrence or Offense.
- 2.5 The following should be provided when the report discussed in paragraph 2.2 or 2.3 above is submitted:
- Statements of crew members who witnessed the Marine Casualty, Marine Incident or Occurrence that are signed or otherwise acknowledged by the witness;
 - A copy of any entries in the Deck Log related to the Marine Casualty, Marine Incident or Occurrence; and,
 - A copy of the Crew List.
- 2.6 Depending on the type of Marine Casualty, Marine Incident or Occurrence additional information, including a copy of the operator's investigation report, may be required to be submitted in addition to the information required in paragraph 2.5 above. Typically any additional required information should be provided within 30 days of the Marine Casualty or

Marine incident. Appendix 3 includes a list of some specific types of Marine Casualties and Marine Incidents and the type of additional information that should be provided.

- 2.7 Reports and any required additional information should be sent to the Administrator by email, fax, or mail.

Email: investigations@register-iri.com

Fax: +1-703-476-8522

Mail: Office of the Maritime Administrator
c/o Marshall Islands Maritime and Corporate Administrators, Inc.
11495 Commerce Park Drive
Reston, Virginia 20191-1506
United States of America

- 2.8 If after making an initial notification it is determined that a Marine Casualty or Marine Incident does not meet the criteria for submitting a follow-up report, it is requested that the vessel's owner or operator notify the Administrator of this within five (5) days of when the initial notification was made.

3.0 Port and Coastal State Reporting

- 3.1 Owners, operators and Masters of RMI flagged vessels should also ensure that the reporting requirements of the port or coastal State in whose waters a Marine Casualty or Marine Incident occurs are complied with, particularly when assistance may be necessary.
- 3.2 The Administrator should be informed immediately when a port or coastal State initiates an investigation or otherwise intervenes and takes a control action as a result of the Marine Casualty, Marine Incident, Offense or Occurrence.

APPENDIX 1
MI-109, Report of Marine Incident or Marine Casualty

Phone: +1-703-620-4880 Fax: +1-703-476-8522 Email: investigations@register-iri.com dutyofficer@register-iri.com	OFFICE OF THE MARITIME ADMINISTRATOR REPUBLIC OF THE MARSHALL ISLANDS 11495 Commerce Park Drive Reston, Virginia 20191-1506 USA	THIS SPACE FOR OFFICIAL USE ONLY			
REPORT OF MARINE INCIDENT OR 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 Vessel's Operator, 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 INCIDENT OR 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						36. Is Vessel a Total Loss? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Actual <input type="checkbox"/> Constructive
37. DESCRIPTION OF CASUALTY - Please describe what happened, including the sequence of events leading to the casualty. Attach diagram and additional sheets, if necessary.						
38. Vessel Operator's Investigation / Review						
<input type="checkbox"/> Not planned <input type="checkbox"/> In progress <input type="checkbox"/> Completed			Note: Completion of Blocks 39 and 40 is not necessary if the Operator's Investigation is either In Progress or Completed and will be provided to the Maritime Administrator.			
39. CAUSAL ANALYSIS / LESSONS LEARNED – Please describe why the casualty happened and lessons learned. Attach diagram and additional sheets, if necessary.						
40. 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.						
41. Date of Report	42. Submitted by (Print name)			43. Signature		44. Title

APPENDIX 2
MI-109-1, Report of Personal Injury or Loss of Life

Phone: +1-703-620-4880 Fax: +1-703-476-8522 Email: investigations@register-iri.com dutyofficer@register-iri.com	OFFICE OF THE MARITIME ADMINISTRATOR REPUBLIC OF THE MARSHALL ISLANDS 11495 Commerce Park Drive Reston, Virginia 20191-1506 USA	THIS SPACE FOR OFFICIAL USE ONLY	
REPORT OF PERSONAL INJURY OR LOSS OF LIFE			
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 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. Name and Address of Vessel's Operator, including DPA's Name, Email 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 Person	(b) Home Address	(c) Date of Birth	
		(d) Citizenship	
8. Seafarer's Book or Passport No.	9. Status or Capacity on Vessel		
10. Activity Engaged in at Time of Casualty	11. If Crew Member or Shore Worker <input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other		
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 Zone) <input type="checkbox"/> UTC <input type="checkbox"/> Local	(c) Zone Description	(d) Time of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
14. Location of Vessel at Time of Casualty (See 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:
17. (a) RESULT OF CASUALTY: (Complete INJURY or DEATH entries below, as appropriate.) <input type="checkbox"/> Injury <input type="checkbox"/> Death <input type="checkbox"/> Missing			
(b) Nature of Injury		(c) Total Days Incapacitated (72 hours or more)	
(d) Reason for Death		(e) Location of Individual at 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.			

18. WITNESSES TO ACCIDENT (At least two (2), if possible)			
Name		Name	
Address		Address	
Name		Name	
Address		Address	
19. (a) MEDICO (Medical) MESSAGE SENT	(b) IF YES, GIVE DATE OF FIRST MESSAGE	(C) IF YES, GIVE TIME OF FIRST MESSAGE (Local or zone and description)	
20. (a) TREATMENT ADMINISTERED <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) IF YES, BY WHOM <input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Other (Specify)		
21. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D.)			
22. (a) Name of Hospital, if Person was Hospitalized		(b) Address of Hospital	
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 <input type="checkbox"/> Not planned <input type="checkbox"/> In progress <input type="checkbox"/> 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 / 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.			
27. Date of Report	28. Submitted by (Print Name)	29. Signature	30. Title

APPENDIX 3 ADDITIONAL INFORMATION

As noted in paragraph 2.6 above, specific additional information is required for some Marine Casualties and Marine Incidents. The following is a list of some Marine Casualties and Marine Incidents and the additional information that should be submitted to the Maritime Administrator when available:

- Death (crew member) – regardless of cause
 - Copy of autopsy report;
 - Copy of other documents received from local authorities in the port where the body of the deceased is landed ashore; and,
 - Copy of police report, if available.

- Death (third party) – regardless of cause
 - Copy of documents received from local authorities in port where the body of the deceased is landed ashore;
 - Copy of police report, if available; and,
 - Copy of ship’s doctor’s report (cruise ships).

- Serious injury (not fit for duty for more than 72 hours) – crew member
 - Medical / fitness for duty report

- Serious injury – third party
 - Copy of applicable pages from visitor log; and,
 - Copy of permits to work or similar documentation for third party personnel working onboard.

- Communicable diseases
 - Medical report;
 - Description of action taken to reduce potential for exposure of other crew members or passengers;
 - Copy of notification provided to port officials; and,
 - Copy of any documents / control orders issues by port officials.

- Hull / Equipment / Machinery damage or malfunction
 - Class damage survey report

- Fire / explosion

The follow-up report should include as much information as possible, including:

- location of the fire / explosion on board;
- time from detection of fire to when first fire hose or extinguisher at the scene;
- how the fire / explosion was detected, and by whom;
- action taken to extinguish the fire;
- time required to extinguish and bring the fire under control;
- the nature of any impacts to passengers (passenger vessels);
- the nature of any impacts to cargo or; and,
- any other information that may be helpful to prevent other fires.

- Flooding

The follow up report should include as much information as possible, including:

- spaces affected;
- how the flooding was detected;
- action taken to control or stop the flooding;
- time required to control or stop the flooding; and
- the nature of any impacts to cargo or vessel operations.

Seafarer misconduct

- Copy of disciplinary letters or similar document issued to seafarer for current incident as well as within the prior 12 months