

Report of Security Incident (Form NMA-17_RSI.2018.Rev.0)

Instructions:

- Owner / Operator / Master to complete and submit this Form for any incidents (attempted or actual) of piracy, armed attacks, hijacking or terrorism etc. at its earliest opportunity via fax or email to the Nauru Maritime Administration.
- This form must be completed in full and entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N/A."
- 3. Attach separate Form NPI to this report for each person injured, killed, or incapacitated as a result of this incident.
- Attach separate Form NMA-17_RC Report of Shipping Casualty to this report for any damage or loss to the vessel.
- 5. The purpose of this notification and reporting are to enable the Administration to evaluate the situation and provide the necessary assistance to the vessel as soon as possible and further enhance our responses to future security incidents.

injured, killed,	, or incapac	citated as	a res	sult of this incident.						
1. VESSEL / OWNER / MANAGER PARTICULARS										
Vessel Name	Official Number			IM	IMO Number		Type of Vessel			
Gross Tonnage		Propulsion			Ту	pe of Cargo / Quant	Ship's Freeboard			
							metr	es		
Name of Owner		_								
Telephone	Facsimile			Мс	Mobile		Email			
Name of Shipman	ager	_								
Telephone Fa			Facsimile			Mobile		Email		
Name of SSO					Co	Contact Details				
Number of Crew a	and Nationa	lity (crew	/ list v	vith the required in	forma	ition may be attache	ed instead	d)		
				2. VESSEL STA	TUS	& POSITION				
Date of Incident	Time (UTC)				Period of Day					
						Day	Nig	ht		Twilight
Visibility						Sea State / Weather				
< 2 miles	2 - 5 r	miles		> 5 miles						
Latitude		Longitud	de			Geographical Nan	ne of Boo	ly of Water / N	ame	of Port
Last Port of Departure						Date of Departure				
Port to which Bound						Date of Expected Arrival				
If Anchored (Name of Anchorage)						Marine Security Level				

If Berthed (Name of Facili	ty)	Marine Security Level				
If Underway (Ship Headin	 ng)	Spe				
deg. True	,	knots				
<u> </u>	3. SHORE / P	ORT AUTHORITY CO	NTACT DETAILS			
Reported to Shore Author			to Whom the report was ma	ade to)		
Reported to Port Facility Security Officer (if No, please fill "N/A". If Yes, please fill in name & contact details)						
Astion tolers by Chara / D	Laut Authorities (alone a	un de buief e de en v				
Action taken by Shore / Po	ort Authorities (piease p	rovide brief summary)				
Preferred Communications by Shore / Port Authorities with reporting ship						
4. INCIDENT DETAILS						
Terrorism	Hijack	Sea Robbery	Threat	Sabotage		
		_				
Theft	Hostage	Blockade	Others :			
Method used by perpetrat	tors to stop or board the	vessel				
Type of weapons used by	perpetrators					
Number of perpetrators	involved and duration (of attack type of attac	ck (attempted / boarded) a	and whether attack was		
Number of perpetrators involved and duration of attack, type of attack (attempted / boarded) and whether attack was aggressive/violent						
aggreeolve, violent						
Suspected or known ident	tity and description of pe	erpetrators (e.g. dress.	physical appearance, langua	age spoken, if known)		
	,	rip a marana (ang. an aran,	, эррээлэлээ, таладаа	.9		
Injury or loss of life (if Yes	s, please complete and a	ittach Form NPI – Repo	ort on Injury of Loss of Life)			
,		·				
Damage to, or loss of ves	sel (if Yes, please comp	lete and attach Form N	Casualty – Report of Shippi	ng Casualty)		
Items Stolen and estimated replacement cost in US\$						
items Stolemand estimate	or replacement cost in o	νοφ				

Details of incident, including consequences to the crew, ever	n if there were no physical injuries (e.g., from which direction					
approached, craft and communication equipment used, last observed movements of perpetrators/suspect craft, area of ship						
being attacked, etc.) Attach separate sheet if necessary.						
Action taken by crew						
Recommended additions to SSP/new measures needed to p	prevent recurrence, i.e., set higher MARSEC level, additional					
lighting, etc.						
5. PARTICULARS OF PERSON SUBMITTING THIS REPORT						
Name of Person	Designation					
Company	Contact details					
Date of Report	Signature					

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