(This form located in RLM-260, Annex 10.1 Form RLM-109, Report of Vessel Casualty or Accident.



OFFICE OF THE DEPUTY COMMISSIONER OF MARITIME AFFAIRS, R.L. LISCR, LLC

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REPORT OF VESSEL CASUALTY OR ACCIDENT

INSTRUCTIONS											
An original of this form shall be submit soon after the occurrence of the casualt This form must be completed in full. Encase should be indicated as not applicated a Dates should be filled in as yyyy/mm/do.	 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. 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 To		oss Tor	nnage	5. Net Tonnage			
6. Type of Vessel (See Note 1.)	7. Propulsion (See Note 2.)		8. Place Built								
9. Name of Owner	Name of Owner 10. (a) Name, Address and						Telephone of Managing Agent				
		10. (b) Class Soc	ciety (Abb	reviation):							
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 CASUALTY											
12.(a) Date of Casualty (b) Time(Local or Zone)				(c) Zone Description			(d) Time of Day □ Day □ Night □ Twilight				
13. Geographical Location of Casualty (See				<u> </u>			raphical Name of Body of Water				
15.(a) If Casualty occurred underway, Port of Departure (b) Date of Departure (c) Port to Which Bound											
15.(a) If Casualty occurred underway, Port o	ГБерапі	ine (b)) Date of I	Departure (C) I off to wi	псп во	unu				
16.(a) Nature of Cargo (Describe and give amounts in Long Tons) (b) Amount Dry Cargo	o (c) A	mount	Bulk Liquid	(d) Amount Deck Cargo			
17. Speed in Knots Prior to Casualty	ots Prior to Casualty 18. True Course Prior to Casualty				19. Draft Forward			20. Draft Alt			
☐ Clear ☐ Partly Cloudy	21. Atmospheric Conditions at Time of Casualty (Check one or more of the following) ☐ Clear ☐ Partly Cloudy ☐ Overcast ☐ Fog ☐ Rain ☐ Snow ☐ Other (Specify)										
22. Distance of visibility	23. Win	nd		24. Sea	1.	2	25. Wind Direction				
☐ Under 2 Miles ☐ 2-5 Miles	Light Moderate to Fresh		☐ Smooth to Slig ☐ Moderate to Re	•	2	26. Direction of Sea					
☐ Over 5 Miles		☐ Storm to Hurricane		□ High		2	7. Direction of Swell				
28. Navigation Equipment (Check one or more of the following) Radar (S Band, or X Band) ARPA VDR/S-VDR operative Inoperative Install Used Used Used Data Secured?				29. Communications Equipment (check one or more of the following) □ Radiotelephone □ In use with Other Vessels □ In use with Shore Stations □ Not Used □ Not Used							
30. Auto Alarm Transmitted by your Vessel? ☐ Yes ☐ No	31. Rules of the Road Applicable at Time ☐ International ☐ Other (specify)										
Note 1. Type of Vessel - General Cargo, Oi Note 2. Propulsion - Steam Reciprocating, Note 3. Location - If open sea, Latitude and port, straits, river, channel, etc., giv	Steam Tu Longitu	rbine, Turbo-Electri	ic; Diesel,	Diesel, Diesel-Elec	tric, etc.		tance and true beari	ng to charted object; if in			

COLLISION WITH FLOATING OR SUBMERGED OBJECTS COLLISION WITH FLOATING OR SUBMERGED OBJECTS COLLISION WITH FLOATING OR SUBMERGED OBJECTS COLLISION WITH EXP OBJECTS (Pers, bridges, etc.) COLLISION WITH INDS TO NAVIGATION EXPLOSION FIBE (Involving cauge) EXPLOSION FIBE (Involving cauge) EXPLOSION FIBE (Involving vessel's fixel) FIBE (Vessel's uncluse or equipment) EXPLOSION (Boiler and associated parts) EXPLOSION (Boiler and associated parts) EXPLOSION (Pissure vessels and compressed gas cyfindors) 33.DESCRIPTION OF CASUALTY (Fivens and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary.) 34.Number of Personnel Crew Passengers Other Totals (a) On Board (b) Known dead (c) Missing (d) Injured 35. Is Vessel a Total Loss? Dollars (USA) (c) Missing (d) Injured 37. Remarks (Indicate assistance rendered by shore stations and vessels, renormendations for corrective safety measures periment to this casualty; include explanation of any insultisfactory fife-average equipment. Attach additional sheets, if necessary.) 38. Deck Officer on Duty at Time of Casualty Name		•				pertinent details in item 33.)					
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COLLISION WITH FIXED ORDECTS (Piers, bridges, etc.) COLLISION WITH REDATING OR SUBMERCED ORDECTS COLLISION WITH A LIBS TO NAVIGATION CARGO DAMAGE (No Vessel Damage) EXPLOSION-FIRE (involving cargo) EXPLOSION-FIRE (involving cargo) EXPLOSION-FIRE (involving vessel's fuel) EXPLOSION Broker and associated party) EXPLOSION Brokers research and compressed gas cylinders) 33. DESCRIPTION OF CASUALTY (Events and circumstances leading to casualty and present when it occurred. Attach diagram and additional sheets, if necessary.) 34. Number of Personnel Crow Passengers Other Totals A. Number of Personnel Crow Passengers Other Totals 35. Estimated Property Losses Dollars (USA) (a) On Board (b) To cargo (c) Missing (c) To other property \$ (d) Injured 37. Remarks (Indicate assistance rendered by shore stations and vessels; recommendations for corrective safety measures pertinent to this casualty; include explanation of any unsatisfactory lifeway in equipment. Attach additional sheets, if necessary.)											
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40.Date of Report 41. Submitted by (Print name) 42. Signature 43. Title	40.Date of Report	0.Date of Report 41. Submitted by (Print name)			4	12. Signature	43. Title				