

Pirate Attack Reporting form

Should you or a member of your crew witness or be subject to pirate attack, take pictures of the pirate if possible and use the following form to report incidents you or your crew have witnessed in the affected area:

REPORT OF PIRACY ARMED ROBBERY AND ANY SUSPICIOUS ACTIVITY AGAINST SHIPS			
I. PARTICULARS OF VESSEL / OWNER / SHIPMANAGER			
1. Name of Vessel		7. Name, Address and Telephone of Company Security Officer:	
2. IMO Number	3. Type of Vessel		
4. Gross Tonnage	5. Ship's Freeboard <input type="checkbox"/> meters / <input type="checkbox"/> feet		
6. Propulsion			
II. TIME OF DAY / VESSEL POSITION AND STATUS			
8. Date of Incident		9. Position	
		(a) Latitude	(b) Longitude
10. Time (UTC)		(c) Geographical Name of Body of Water / Name of Port	
11. Period of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight		(d) Last Port of Departure	(g) Underway
12. Visibility <input type="checkbox"/> < 2 miles <input type="checkbox"/> 2- 5 miles <input type="checkbox"/> > 5 miles		Ship Heading deg.	
		Speed knots	
Complete 13 & 14 If Applicable			
13. Anchored (name of anchorage)		14. Berthed (name of facility)	
Security Level		Security Level	
III. SHORE / PORT AUTHORITY CONTACT DETAILS			
15 Reported to authorities		16 Action taken by authorities (you may attach additional comments)	
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
Names of organizations contacted:			
<input type="checkbox"/> UKMTO <input type="checkbox"/> MSCHOA			
<input type="checkbox"/> IMB <input type="checkbox"/> EUNAVFORCE			
<input type="checkbox"/> CTF151			
<input type="checkbox"/> Other (Please Specify):			
<input type="checkbox"/> Other (Please Specify):			

IV. INCIDENT DETAILS

17. Method used by perpetrators to stop or board vessel

18. Type of weapons used by perpetrators

19. Number of perpetrators involved and total time onboard ship

20. Suspected or known identity and description of perpetrators

21. Injury or loss of life
 No Yes If yes, complete and attach Report of Personal Injury or Loss of Life.

22. Damage to, or loss of, vessel
 No Yes If yes, complete and attach Report of Vessel Casualty or Accident

23. Items taken

 Estimated replacement cost US \$ _____

24. Details of incident, including consequences to the crew, even if there were no physical injuries (attach separate sheet if necessary).
 (e.g. from which direction approached, communication equipment used, etc.)

25. Action taken by crew

26. Did the vessel employ the use of security guards? (Yes / No)
 If so, were the guards Armed / Unarmed Military/ Civilian (Check as appropriate)
 Describe action taken by the Security Guards and was it instrumental to deterring the attack? (Attach separate sheet if necessary).

27. Photo Log:

Date and time		Date and time	
Subject		Subject	
Date and time		Date and time	
Subject		Subject	

28. Does the Ship Security Plan incorporate Best Management Practices (BMP) in accordance with Marine Operations Note 01/2010?
 (Yes / No)
 If so, which BMP measures were taken by the vessel to deter the attack and were they effective?

29. Please include any additional observations, etc. (Attach separate sheet if necessary).

30. Recommended additions to SSP or new measures needed to prevent recurrence, i.e., need to set higher Security level, additional lighting
 (Attach separate sheet if necessary).

V. REPORT

Date of Report	Submitted by (Print Name)	Signature	Title
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