NAOERO
MARITIME ADMINISTRATION

Report of Security Incident
(Form NMA-17_RSI.2026.Rev.1)

Instructions:	
1. 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 Naoero Maritime Administration. 2. 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.	4. Attach separate Form NMA-16_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.

1. VESSEL / OWNER / MANAGER PARTICULARS

Vessel Name	Official Number	IMO Number	Type of Vessel
Gross Tonnage	Propulsion	Type of Cargo / Quantity	Ship's Freeboard metres
Name of Owner			
Telephone	Facsimile	Mobile	Email
Name of Shipmanager			
Telephone	Facsimile	Mobile	Email
Name of SSO		Contact Details	
Number of Crew and Nationality (crew list with the required information may be attached instead)			

2. VESSEL STATUS & POSITION

Date of Incident	Time (UTC)	Period of Day ☐ Day ☐ Night	☐ Twilight
Visibility ☐ < 2 miles	☐ 2 - 5 miles	☐ > 5 miles	Sea State / Weather
Latitude	Longitude	Geographical Name of Body of Water / Name 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 Facility)	Marine Security Level
If Underway (Ship Heading) deg. True	Speed knots

3. SHORE / PORT AUTHORITY CONTACT DETAILS

Reported to Shore Authorities (if No, please fill "N/A". If Yes, please fill in to Whom the report was made to)
Reported to Port Facility Security Officer (if No, please fill "N/A". If Yes, please fill in name & contact details)
Action taken by Shore / Port Authorities (please provide 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 perpetrators to stop or board the vessel
Type of weapons used by perpetrators
Number of perpetrators involved and duration of attack, type of attack (attempted / boarded) and whether attack was aggressive/violent
Suspected or known identity and description of perpetrators (e.g. dress, physical appearance, language spoken, if known)
Injury or loss of life (if Yes, please complete and attach Form NMA-15 PI – Report on Injury of Loss of Life)
Damage to, or loss of vessel (if Yes, please complete and attach Form NMA-16 RC – Report of Shipping Casualty)
Items Stolen and estimated replacement cost in US$

Details of incident, including consequences to the crew, even 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 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