

TO Permanent Secretary
Deputy Ministry of Shipping
Email: maritime.security@dms.gov.cy

SECURITY INCIDENT REPORT ON A CYPRUS SHIP

1	NAME OF SHIP	
2	IMO / CALL SIGN	
3	TYPE OF SHIP / TYPE OF CARGO	
4	GROSS TONNAGE	
5	EN ROUTE / ANCHORAGE	
6	DATE & TIME OF INCIDENT	
7	POSITION	
8	MANAGER	
9	DETAILS OF INCIDENT (brief summary of incident)	
10	NUMBER OF CREW ON BOARD & NATIONALITY OF CREW (attach crew list)	
11	MARSEC LEVEL ON SHIP	
12	CONSEQUENCES FROM THE ATTACK (for ship, crew and cargo)	
13	ACTION TAKEN (by master, crew, manager)	
14	WAS THE INCIDENT REPORTED TO ANY OTHER PARTY	
15	ACTION TAKEN BY OTHER AUTHORITY (14)	
16	ANY OTHER INFORMATION THAT MAY HELP US IDENTIFY BEST PRACTICES TO COMBAT ATTACKS ON SHIPS	

DATE _____

NAME _____

SIGNATURE _____

TITLE _____