

CRUISE SHIPS' STANDARD INCIDENT REPORT FORM FOR PACIFIC ISLAND CHIEFS OF POLICE MEMBER AGENCIES

This form is to be filled out and provided to interested jurisdictions¹:

1. following an initial telephone/radio report of an allegation of a serious offence²;
or
2. to report an allegation of a non-serious offence.

Any relevant Incident Statement forms should be attached to this form.

Law Enforcement Agency Addressee (this Report)

Agency Point of Contact Date	Telephone: Address: Fax # or Email:
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Initial Report for Serious Offence Made Yes No

Agency: Contact: Date of Contact: Time of Contact:	Telephone: Address: Fax # or Email: Method of Contact used:
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Ship and Route

Name of the Ship: Flag State: Ship's Operator: Company Contact: Satellite Phone #: Cruise Itinerary Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location and Time of Incident: <input type="checkbox"/> Territorial Waters of: <input type="checkbox"/> High Seas <input type="checkbox"/> Unknown Latitude and Longitude: Nearest Port/Point of Land: Distance to Nearest Port/Point of Land:
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Type of Incident Alleged (serious indictable offences should also be reported via telephone or radio immediately)

<input type="checkbox"/> Homicide <input type="checkbox"/> Suspicious Death <input type="checkbox"/> Missing Person <input type="checkbox"/> Rape <input type="checkbox"/> Other Sexual Assault	<input type="checkbox"/> Kidnapping <input type="checkbox"/> Assault with Serious Bodily Injury <input type="checkbox"/> Tampering with the Ship <input type="checkbox"/> Theft <input type="checkbox"/> Other:
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¹ "Interested jurisdictions" means the receiving jurisdiction in the next port of call and home states of victims and suspects. Cruise companies should also ensure that any reporting requirements of the ship's flag state are fulfilled.

² A "serious offence" is an indictable offence which would carry a sentence of two years imprisonment in an interested jurisdiction.

Details of Missing Property

Description of Missing Property: _____ _____ _____ _____ _____ _____
Place of Purchase: _____ _____
Approximate Value: _____ _____

Person(s) Involved

Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Person(s) Involved (continued)

Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complainant Victim Suspect Witness

Name (FAMILY, given) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Passenger - Cabin #: <input type="checkbox"/> Crew - Position: Nationality: Language:	DOB: Passport #: Visa #: Address: Statement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
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