

CANADIAN COAST GUARD AUXILIARY
(NL) INCORPORATED
P.O. BOX 938, STN "C"
ST. JOHN'S, NL
A1C 5M3

COLLISION, WRECK & INJURY REPORT

In every case of a claim for collision, stranding, injury, or other casualty, however small, the Auxiliary member is directed to fill out this report and dispatch it immediately to the above address. In more serious or urgent situations, the contents of this report should be telephoned to 772-4428 or toll free 1-800-563-6158 during working hours and 772-5151 or toll free 1-800-563-2444 at all other times and then mailed.

AUXILIARY VESSEL

MRSC INCIDENT NUMBER _____

NAME _____

LIC. OR REG. NO. _____

OWNER _____

SKIPPER _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

Nature, extent, and exact location of damage and/or loss to your vessel or details of personal injury (Use attached sketch of hull to assist).

ESTIMATED COST OF REPAIRS _____

Cause of events leading to accident. (Use attached sketch to assist)

OTHER VESSEL, PERSON OR PROPERTY

NAME _____

LIC. OR REG. NO. _____

SKIPPER/OWNER _____

ADDRESS _____

PHONE _____

Nature, extent and exact location of damage and/or loss to other vessel or property and estimated cost of repairs

GEOGRAPHICAL LOCATION OF INCIDENT _____

WITNESSES NAMES AND ADDRESSES _____

DATE OF ACCIDENT _____

SIGNED _____

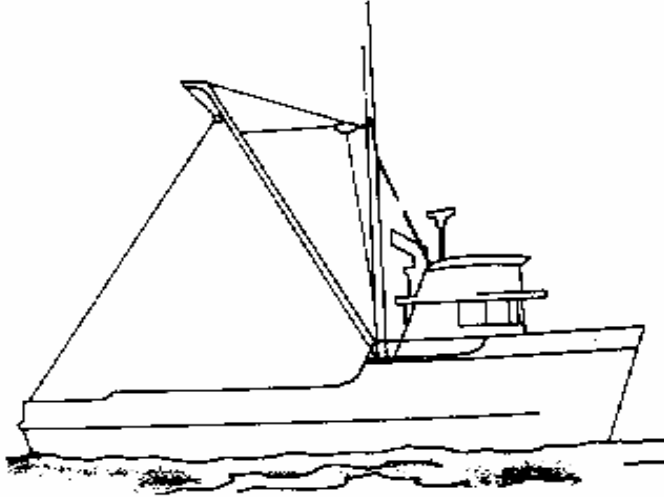
(Reporting Skipper)

OWNER _____

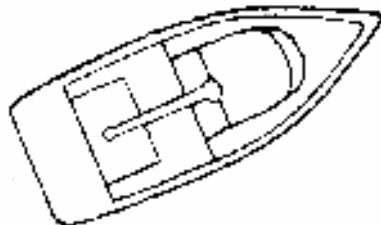
MRSC INCIDENT NUMBER _____

HULL DAMAGE

Mark & Name Damaged Area (s).
(Indicate Port or Starboard side)



Indicate North; Sketch in Other Vessel or Obstruction.



Auxiliary vessel ▼

SIGNATURE OF CLAIMANT _____

DATE _____