

P.O. Box 938, Stn "C"
 St. John's, NL
 A1C 5M3

CANADIAN COAST GUARD AUXILIARY (NL) INC. INCIDENT REPORT FORM

DATE	AUXILIARY VESSEL NAME	MEMBERSHIP NO.	INCIDENT NO.
TIME	Under normal circumstances an Auxiliarist will be tasked by the MRSC. If, however, an Auxiliarist becomes aware of a situation which requires immediate action, the member should act accordingly but inform the MRSC at 1-800-563-2444, or the closest Coast Guard Radio Station, by whatever means available, as soon as possible. FAILURE TO DO SO WILL RESULT IN THE ACTIVITY NOT BEING AUTHORIZED.		
NOTIFIED.....Hrs DEPARTED.....Hrs ON SCENEHrs CLOSEDHrs Return to Pre-Task STATE.....Hrs TOTALHrsMins AUX. VESSEL LGTH TASKED BY	<u>ACTION TAKEN</u>		
POSITION OF INCIDENT			
REPORTED POSITION..... ACTUAL POSITION			
INCIDENT			
TYPE..... DIST. TOWEDMi			
WEATHER	PROBABLE CAUSE, PERSONS INJURED/LOST, CONDITION OF VESSEL		
WIND SP SEA STATE VISIBILITY			
VESSEL ASSISTED	NAME OF NON-AUXILIARISTS ONBOARD AT TIME OF INCIDENT		
NAME..... LIC./REG. NO. TYPE LGTH. DESCRIPTION VESSEL VALUES VESSEL INS. CO.....			
OWNER/OPERATOR OF VSL. ASSISTED	INJURIES/DAMAGE SUSTAINED TO AUXILIARY VESSEL AND/OR CREW		
NAME..... ADDRESS PHONE PSNS. ON BOARD			
	_____ Auxiliarist in Charge		

This portion to be completed by CCGA Administrative Support: Total Time _____ Hrs _____ Mins x Vessel Lgth _____ m x \$ _____ = \$ _____