

**Incident Report and Transmittal****Page 1**

From: \_\_\_\_\_ Date: \_\_\_\_\_

To: Director, National Pollution Funds Center

Subj: Financial Summary Report for Federal Project No. (FPN)/ CERCLA Project No. (CPN)/ Disaster Project No. (DPN): \_\_\_\_\_

**Incident Information**

FPN/CPN/DPN: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

MISLE Case No.: \_\_\_\_\_ Date OPA/CERCLA/Stafford Act Actions Started: \_\_\_\_\_

MISLE Activity No.: \_\_\_\_\_ Date OPA/CERCLA/Stafford Act Actions Completed: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

☐ Was this an Actual Discharge? ☐ Or Substantial Threat of a Discharge?

Source of Discharge/SubThreat: \_\_\_\_\_ Product (Oil / Hazmat): \_\_\_\_\_ Quantity Discharged: \_\_\_\_\_

Waterway or Resource Affected: \_\_\_\_\_

Describe the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Information**

Total Authorized Ceiling: \_\_\_\_\_

Total CG Direct Costs: \_\_\_\_\_

Total CG Indirect Costs: \_\_\_\_\_

**Checklist**Yes ☐ No ☐ N/A ☐ Has source been designated for potential Damage/Removal claims?Yes ☐ No ☐ N/A ☐ Are copies of the NOFI, NOFA, Admin Order, or any other related correspondence attached?Yes ☐ No ☐ N/A ☐ Has the FOSC ensured that personnel captured on the CG-5136 were only involved in oil response/mitigation?Yes ☐ No ☐ N/A ☐ Is all equipment physically used in the response area listed on the CG-5136?Yes ☐ No ☐ N/A ☐ Are copies of the ALMIS printouts provided for each resource, i.e. Aircraft, Cutters, and Boats?Yes ☐ No ☐ N/A ☐ Are all the TONOs "accounted for or noted" on the dailies?Yes ☐ No ☐ N/A ☐ Have all remaining unused funds been de-obligated in FPD?[\\*See NPFC Form 16480 - Case/Cost Doc Checklist](#)

Prepared/Submitted By: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**FOSC or Response Department Head Approval\***

Approved by: \_\_\_\_\_

FOSC/RDH Signature: \_\_\_\_\_

## Identification - Vessels

Vessel name: \_\_\_\_\_

Flag/Nationality: \_\_\_\_\_

Official number/Call sign/State number: \_\_\_\_\_

Gross tons: \_\_\_\_\_

Home Port: \_\_\_\_\_

Type of vessel: \_\_\_\_\_

Master's name: \_\_\_\_\_

US Agent: \_\_\_\_\_

US Agent Address: \_\_\_\_\_

US Agent Contact Phone: \_\_\_\_\_

## Identification – Facility

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Facility: \_\_\_\_\_

## Responsible Parties

## Owner

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Notice of Designation

Notified of Designation? ☐ Yes ☐ No

Date Notified? \_\_\_\_\_

Accepted Designation? ☐ Yes ☐ NoRejected Designation? ☐ Yes ☐ NoAdvertised? ☐ Yes ☐ No

## Insurance Company

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Notice of Designation

Notified of Designation? ☐ Yes ☐ No

Date Notified? \_\_\_\_\_

Accepted Designation? ☐ Yes ☐ NoRejected Designation? ☐ Yes ☐ NoAdvertised? ☐ Yes ☐ No

## Operator

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Notice of Designation

Notified of Designation? ☐ Yes ☐ No

Date Notified? \_\_\_\_\_

Accepted Designation? ☐ Yes ☐ NoRejected Designation? ☐ Yes ☐ NoAdvertised? ☐ Yes ☐ No

## Other

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Notice of Designation

Notified of Designation? ☐ Yes ☐ No

Date Notified? \_\_\_\_\_

Accepted Designation? ☐ Yes ☐ NoRejected Designation? ☐ Yes ☐ NoAdvertised? ☐ Yes ☐ No

Attach copies of all designation letters and any other related correspondence.

List contractors that assisted in removal operations under the direction of the Federal On-Scene Coordinator.

Duplicate and enumerate for multiple contractors.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Ceiling: \_\_\_\_\_

Contract No.: \_\_\_\_\_

(Federal, State and Local)

List Government Agencies that assisted in Removal Operations under the direction of the Pre-Designated Federal On-Scene Coordinator

Duplicate and enumerate for multiple government agencies

Agency: \_\_\_\_\_

Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Ceiling: \_\_\_\_\_

Attach copy of certified contractor's invoice(s)

Comments:

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List other person(s) or companies that are important to the case and not listed elsewhere.

Duplicate and enumerate for multiple key parties.

Person/Agency/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to the case: \_\_\_\_\_

***Enclosures:***

(1)

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(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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(11)

(12)

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(14)