

AUXILIARY SAR INCIDENT REPORT

MEMBER NUMBER (1-10)	(11-13)	MEMBER'S LAST NAME (14 - 25)	INITIAL
	08G		

LIVES SAVED (65-66)	PERSONS ASSISTED (67-68)	VALUE OF PROPERTY ASSISTED/SAVED	UNIT CASE NUMBER (A-07)	MULTI UNIT CASE NUMBER (A-06)	1. DATE & TIME NOTIFIED (A-04)
		\$ _____, 000.00			___/___/___

2. GEN. METHOD OF NOTIFICATION <input type="checkbox"/> DIRECTLY BY DISTRESSED UNIT <input type="checkbox"/> 3RD PARTY RELAY INFO <input type="checkbox"/> 3RD PARTY ONLY (No request from distress unit) <input type="checkbox"/> NONE-HAPPENED UPON DISTRESSED UNIT	SPECIFIC METHOD OF NOTIFICATION (A-08) <input type="checkbox"/> HAND SIGNALS <input type="checkbox"/> TELEPHONE <input type="checkbox"/> DISTRESS FLAG <input type="checkbox"/> CELLULAR <input type="checkbox"/> VHF-FM CHANNEL _____ <input type="checkbox"/> OTHER _____	3. RESPONSE CLASSIFICATION (A-09) <input type="checkbox"/> EMERGENCY SAR <input type="checkbox"/> NON-EMERGENCY SAR <input type="checkbox"/> SORTIE LAUNCHED <input type="checkbox"/> REFERRED TO OTHER CG RESOURCES <input type="checkbox"/> COMMUNICATIONS ASSISTANCE ONLY <input type="checkbox"/> OTHER _____
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4. REASON FOR NON EMERGENCY SORTIE (A-10) (ONLY IF #3 - NON EMERGENCY SAR) <input type="checkbox"/> NON-CG RESOURCE NOT AVAILABLE <input type="checkbox"/> COMMERCIAL FIRM UNABLE TO RESPOND <input type="checkbox"/> AUX/CG CLOSER TO SCENE/HAPPENED UPON <input type="checkbox"/> OTHER _____	5. PERSONNEL RESOURCE TIME (A-11) TOTAL HR. _____ MIN. _____	6. ASSISTANCE TO PERSON (C-01) <input type="checkbox"/> RESCUED FROM WATER <input type="checkbox"/> PROVIDED FIRST AID-ILLNESS <input type="checkbox"/> PROVIDED FIRST AID-INJURY <input type="checkbox"/> CPR <input type="checkbox"/> DELIVERED MEDICINE <input type="checkbox"/> NONE-FALSE ALARM <input type="checkbox"/> NONE - OTHER UNIT SOLVED PROBLEM <input type="checkbox"/> NONE - POSSIBLE/REQUIRED <input type="checkbox"/> NONE - SEARCHED, NOT FOUND <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER COMMUNICATIONS, EXPLAIN _____
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7. ASSISTANCE TO PROPERTY (C-01) <input type="checkbox"/> TOWED <input type="checkbox"/> DEWATERED <input type="checkbox"/> REMOVED FROM DANGEROUS SITUATION <input type="checkbox"/> STOOD-BY <input type="checkbox"/> ESCORTED <input type="checkbox"/> REANCHORED/ANCHORED/MOORED <input type="checkbox"/> MADE REPAIRS <input type="checkbox"/> FOUGHT FIRE <input type="checkbox"/> DELIVERED FUEL <input type="checkbox"/> NONE-FALSE ALARM <input type="checkbox"/> NONE-OTHER UNIT SOLVED PROBLEM <input type="checkbox"/> NONE POSSIBLE/ <input type="checkbox"/> NONE REQUIRED <input type="checkbox"/> OTHER _____	8. (WHEN ONLY) COMMUNICATION ASSISTANCE RENDERED (C-02) <input type="checkbox"/> PROVIDE MEDICAL INFORMATION <input type="checkbox"/> LOCATED PRECOM/EXCOM <input type="checkbox"/> ADVISE IN FIXING DAMAGE <input type="checkbox"/> ATTEMPTED COMMS/NOT LOCATED <input type="checkbox"/> NAVIGATIONAL INFORMATION <input type="checkbox"/> OTHER COMMUNICATIONS, EXPLAIN _____
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10. AUX/ASSIST RESOURCE TYPE (D-01) <input type="checkbox"/> AUX FLOATING UNIT <input type="checkbox"/> AUX AIRCRAFT <input type="checkbox"/> AUX RADIO STATION <input type="checkbox"/> VEHICLE <input type="checkbox"/> PERSONNEL ONLY <input type="checkbox"/> OTHER _____	9. PATROL STATUS _____ NUMBER OF CREW MEMBERS _____ (C-05) (COXSWAIN) _____ FLOTILLA NUMBER _____ 0 0 0 AUXILIARY CREW MEMBERS NAMES _____ MEMBER NUMBER _____ <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								

11. DATE/TIME (E.g. April 5, 1995 at 1:00 PM reads 04/05/95 1300) FACILITY UNDERWAY (When directed to assist) (D-03) DATE ___/___/___ TIME _____ DISTRESSED UNIT LOCATED (D-09) DATE ___/___/___ TIME _____	DEPARTED SCENE (D-18) DATE ___/___/___ TIME _____ SORTIE ENDED (D-19) DATE ___/___/___ TIME _____
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12. DISTANCE TO SEARCH AREA (D-05) _____ NM SCENE OF DISTRESS (D-07) _____ NM	13. WEATHER INFORMATION WAVE HT _____ FT WINDS (SPEED) _____ KTS (DIRECTION) _____ T VISIBILITY _____ NM	ON SCENE WEATHER (D-08) <input type="checkbox"/> CLEAR <input type="checkbox"/> PARTLY CLOUDY <input type="checkbox"/> OVERCAST <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> STORM <input type="checkbox"/> OTHER _____
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14. CAUSE OF INCIDENT (B-02)	15. DISTRESSED UNIT'S ACTUAL LOCATION IF NOT FOUND USE DISTRESSED UNIT INITIAL DISTRESS LOCATION FOR REPORT (B-10) LATITUDE _____ N S BODY OF WATER _____ LONGITUDE _____ E W CLOSEST CITY & STATE _____			
16. DISTANCE OFF SHORE (B-12) MILES _____	17. OWNERSHIP (OF VSL ASSISTED (B-13)) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> RECREATION <input type="checkbox"/> RENTAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> UNINSPECTED PASSENGER VSL </td> <td style="width:50%; border: none;"> <input type="checkbox"/> STATE/LOCAL GOVERNMENT <input type="checkbox"/> FOREIGN OWNED COUNTRY _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER _____ </td> </tr> </table>	<input type="checkbox"/> RECREATION <input type="checkbox"/> RENTAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> UNINSPECTED PASSENGER VSL	<input type="checkbox"/> STATE/LOCAL GOVERNMENT <input type="checkbox"/> FOREIGN OWNED COUNTRY _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER _____	18. USAGE (B-13) 19. LENGTH (B-14) LENGTH _____ FT/NET TONS _____ PROPULSION _____
<input type="checkbox"/> RECREATION <input type="checkbox"/> RENTAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> UNINSPECTED PASSENGER VSL	<input type="checkbox"/> STATE/LOCAL GOVERNMENT <input type="checkbox"/> FOREIGN OWNED COUNTRY _____ <input type="checkbox"/> FEDERAL <input type="checkbox"/> OTHER _____			
20. ASSISTED VESSELS IDENTIFICATION (B-15) NAME _____ DOCUMENTATION NR. _____	22. PROPERTY - VALUE (B-22) LOST \$ _____, 000.00 DAMAGED \$ _____, 000.00 SAVED \$ _____, 000.00 OTHERWISE ASSISTED \$ _____, 000.00 DID VESSEL SINK OR WAS AIRCRAFT DESTROYED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UK WAS THERE OIL IN THE WATER RESULTING FROM THE INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO			
21. OWNER OR OPERATOR (B-16) NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____ AGE _____ SEX _____	23. LIVES (B-18) (B-20) (B-19) LOST BEFORE CG NOTIFIED _____ BEFORE ALONGSIDE _____ AFTER ALONGSIDE _____ AFTER ON BOARD _____ AFTER ASHORE _____ SAVED _____ TOTAL _____ <div style="text-align: right; margin-right: 50px;">Persons Assisted</div>			

Always complete questions 1 - 13

1. Enter date and time you received request for assistance or when directed by SCM to render assistance, report time as on a 24 hour clock (e.g., 1:00 PM on April 5, 1996, would be written as 04/05/96 1300.)
2. How you were notified, if you were notified by another unit then how they were notified. Check the appropriate box(s), if "Other" checked, specify.
3. Check the appropriate box(s), if "Other" checked, specify.
4. If question 3 answered as Non-Emergency SAR check appropriate box.
5. Give total time for all personnel on facility assisting in case. (Example: 2 boat crew persons worked 35 minutes. Total HR. 1 Min. 10.)
6. Check the appropriate box, if "Other" checked, specify.
7. Check the appropriate box(s), if "Other" checked, specify.
8. Check the appropriate box when ONLY communications assistance rendered. If "Other" checked, specify.
9. Enter appropriate number on Patrol status line: 1 = Reimbursable Patrol, 2 = Non-Reimbursable Patrol, 3 = Assistance by AUX member car, 4 = Watchstander or other shore based non-patrol duty. Enter the number of crew on board (include Coxswain). Write Coxswain's flotilla number. Indicate name and member number for each crew member.
10. Check the appropriate box(s), if "Other" checked, specify.
11. Enter date and time, report time as on a 24 hour clock (See # 1 above.)
12. Give best estimate in nautical miles, (e.g., 2NM, 2.5NM, 12.3NM) to SEARCH AREA from the nearest point of land. Distance TO ON SCENE OF DISTRESS is from the harbor you left or diversion point in NMs.
13. Fill in ON SCENE weather conditions and check appropriate box(s), if "Other" checked, specify. The weather should be On Scene weather, if object not found then give the weather in the search area. The wind direction is the direction from which the wind is blowing in degrees True (e.g., 055 T).

Complete questions 14-23 (the area with the heavy shaded border) when on a case with no C.G. unit involvement or where SMC or other C.G. unit cannot obtain information.

14. Write one of the following: WEATHER, MECHANICAL, FUEL SUPPLY, HUMAN FACTOR, CARGO, UNKNOWN, then try to be more specific (e.g., mechanical / battery dead / mechanical / broken water pump on engine, etc.)
 15. Give Lat/Long, river name and mile, or body of water and closest city and state. (circle direction as appropriate - N S E W)
 16. Use statute miles, at least 1 and no decimals. For incidents occurring ashore (not grounding), use "0." For inland waters use "1."
 17. Check appropriate box. If "Foreign Owned" checked, indicate what country vessel is registered.
 18. Indicate one of the following: Fishing, Motorboating, Sailing, Commercial Fishing, Passenger for Hire, Jet Ski, Water Skiing, Sailboarding, or Other (Specify). For personnel only or marine vehicles, use "0."
 19. State length in feet and/or net tons for documented vessels. Write in appropriate type of propulsion, (e.g. IB, OB, I/O, SAIL, ROWING, etc.).
 20. Enter vessel's name in the blank. Enter vessel's registration or documentation number, or write Un-Registered/Un-Documented.
 21. If possible fill out information on Owner or Operator.
 22. Give estimate for each. Include cargo lost in value estimate and check appropriate box.
 23. Give on the appropriate line: The number of lives lost, if any, the number of lives saved, if any, (this is the number of person/s helped, if it was probable one or more would have died if assistance had not been rendered). The total number of person/s assisted.
- ATTACH ADDITIONAL SHEETS IF AMPLIFYING INFORMATION IS REQUIRED
(ANY COMMENTS FELT IMPORTANT TO THE CASE).