

U.S. COAST GUARD
MARINE SAFETY OFFICE HONOLULU
INCIDENT REPORT

File # _____

DATE _____ ISLAND _____ LOCATION _____

COMPLAINT/REASON: _____

REPORTING SOURCE (Name & address): _____

_____ (Phone) _____

CG ACTION/FEEDBACK: _____

Please use this form to submit information concerning incidents, activities, or operations that you feel would be useful to the Coast Guard in promoting marine safety. This would include "near-miss" events, unsafe operating procedures, illegal operations, navigation hazards, etc. The information you provide may be helpful in the Coast Guard's efforts to work in concert with industry to prevent mishaps. Anonymous reports are accepted, but preclude feedback. THIS FORM IS NOT A SUBSTITUTE FOR THE REQUIRED CASUALTY REPORT (CG-2692)

Mail to: COMMANDING OFFICER (INV)
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