STANDARD INITIAL RADIO REPORT

Date:	Time:

PART 1 – GENERAL INFORMATION

Name of Vessel(s)	

Nature of the incident (all applicable):

Hard Aground Adrift Collision Explosion Fire Pollution
"Touch and Go" Grounding Sinking Man Overboard Personal Injury

Location (mile, port RDB/LDB, etc.):	Date/Time Occured:

Is any Coast Guard Assistance required?

Yes No Type requested:

Weather	Wind	Visibility	Temperature (Air)	Current Speed

Reported by:	Telephone: ( )
Company Name:	Telephone: ( )

PART II- INCIDENT SPECIFICS

PERSONNEL INCIDENT (INJURY or MAN OVERBOARD)

Name of Person:	Type of injury (if applicable):
Location of Overboard:	PDF worn? Unknown Yes No
Description (Clothing worn, etc.):	Swimmer? Unknown Yes No

GROUNDING / COLLISION / FIRE / EXPLOSION / SINKING

Channel Blocked? Yes No	Navigation Hazard? (Yes/No, Nature of hazard):

Number of Barges:	Number of TANK barges:	Single Skin/Double Skin

Number AGROUND:	Draft of Grounded Barge(s):	Number DAMAGED:	Number LEAKING:

BULK LIQUID Cargoes:

Vessels Assisting:

POLLUTION INCIDENT

Name of Spilled Product:	How much spilled?

National Response Center (NRC) Notified at 1-800-424-8802 Yes No	Company "Qualified Individual" Notified? Yes No

What action was taken? :

PART III – FOLLOW-UP ACTIONS

What is immediate Plan of Action?:	
Time of next contact?:	Contact method: Radio Channel _____ Telephone # ( )

PART IV – GENERAL FOLLOW-UP INFORMATION

(FOR COAST GUARD USE)

This part can be used for more detailed or general follow-up information needed to complete reports or close out incident cases. Information provided for this part is to be obtained during follow-up contacts with the vessel. Remember, the initial report is intended to capture only essential information.

NAME OF COMPANIES OR CONTACTS

Company Qualified Individual (Spills only)	Telephone:
Company/Contact	Telephone:
Company/Contact	Telephone:
Company/Contact	Telephone:

Future Plans:

CG-2692

Submitted by:	Submitted to:
Date:	Telephone:

ADDITIONAL REMARKS