



DATE / TIME OF INCIDENT: _____ DATE / TIME OF STATEMENT: _____

DATE / TIME OF NOTIFICATION TO NATIONAL RESPONSE CENTER: _____

NAME OF PRODUCT SPILLED: _____

WHAT CAUSED THE SPILL: _____ AMOUNT: _____ GAL/BS

HOW LARGE OF AN AREA DID IT COVER: (estimate) _____

LOCATION or LATITUDE & LONGITUDE: _____

DESCRIPTION OF PRODUCT SPILLED: _____ (SILVERY SHEEN / BRIGHT RAINBOW / DULL BROWN EMULSIFIED, ECT.)

NAME OF VESSEL OR FACILITY: _____

NAME OF OWNER OR OPERATOR: _____

WITNESS FULL NAME: _____ (FIRST, MIDDLE INTAL, LAST)

COMPANY MAILING and / OR WITNESS HOME ADDRESS: (PLACE IN SPACE PROVIDED BELOW) WORK PHONE: (_____ OR HOME PHONE: (_____

EXPLAIN WHAT HAPPENED IN YOUR OWN WORDS: ADDITIONAL SPACE IS PROVIDED ON BACK

WHAT ACTION WOULD YOU RECOMMEND TO PREVENT THIS KIND OF SPILL FROM REOCCURRING:

SWEAR THAT THE FOREGOING STATEMENT IS TRUE AND HERBY AFFIX MY SIGNATURE. Read privacy act on back.

SIGNATURE: _____ DATE: _____

