

Incident Report - Source Information

Identification - Vessels

Vessel Name _____	Flag / Nationality _____
Official Number/ Call Sign/ State Number _____	Gross Tons _____
Home Port _____	Type of Vessel _____
Masters Name _____	Designated as Source? <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Agent _____	
Address _____	
Contact _____	
	Phone _____

Identification - Facility

Facility Name: _____	
Facility Address: _____	
Type of Facility: _____	Designated as Source? <input type="checkbox"/> Yes <input type="checkbox"/> No

Responsible Parties

Owner	Insurance Company
Company Name _____	Company Name _____
Company Address _____	Company Address _____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Notified of Designation <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Designation <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Notified _____	Date Notified _____
Accepted Designation <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepted Designation <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected Designation <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Designation <input type="checkbox"/> Yes <input type="checkbox"/> No
Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator	Other
Company Name _____	Company Name _____
Company Address _____	Company Address _____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Notified of Designation <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Designation <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Notified _____	Date Notified _____
Accepted Designation <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepted Designation <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected Designation <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Designation <input type="checkbox"/> Yes <input type="checkbox"/> No
Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOW TO COMPLETE - SOURCE INFORMATION

1. **Identification - Vessel.** Complete this section when the source of the discharge is a vessel.
 - Vessel Name:** Insert the name of the vessel involved in an incident.
 - Flag/Nationality:** Insert the legal flag of the vessel involved.
 - Official Number/Call Sign/State Number:** Insert the official number, call sign, or the state number of a vessel involved in an incident.
 - Gross Tons:** Insert the gross tonnage of a vessel (if applicable).
 - Home Port:** Insert the official home port of the vessel.
 - Type Of Vessel:** Insert the type of vessel (e.g., fishing vessel, freight vessel, or pleasure craft).
 - Master's Name:** Insert the name of the master of the vessel, or on smaller vessels, the name of the person operating the vessel (if applicable).
 - Designated As A Source:** If the vessel has been designated as a source with notification given to the appropriate responsible parties, check yes.
 - U.S. Agent:** For commercial vessels, having an agent in port, insert the name of the agency.
 - Address:** Insert the address of the local agent.
 - Contact:** Insert the name of the contact at the U.S. agency office.
2. **Identification - Facility.** Complete this section when the source of the discharge is a facility.
 - Facility Name:** Insert the complete legal name for the facility (e.g., ABC Facility at Bayway, N. J.).
 - Facility Address:** Insert the mailing street address of the facility.
 - Type of Facility:** Insert the type of facility (i.e., tank storage, tank truck, gas station, or private home.)
 - Designated As Source:** Check the appropriate block.
3. **Responsible Parties.** (Owner, Operator, Insurance Company, and Other Parties may have entries in each of the categories listed below)
 - Company Name:** Insert the name of the company that owns, operates, or insures the facility or vessel. If the owner is a private individual, insert their name.
 - Company Address:** Insert the address of record for the owner, operator, or insurer; try to obtain street address.
 - Contact Name:** Insert the name of the person at the company with whom you have made contact.
 - Contact Phone Number:** Insert the contact person's phone number.
 - Notified Of Designation:** If the owner, operator, or insurer was notified that the designation of his facility or vessel is a source, check yes.
 - Date Notified:** Insert the date of the letter providing notification.
 - Accepted Designation:** If the owner, operator, or insurer formerly accepted designation as a source, check yes. If the owner, either rejected designation or simply did not reply to designation, check no.
 - Rejected Designation:** If the owner, operator, or insurer formerly accepted designation as a source, check yes. If the owner either rejected designation or simply did not reply to designation, check no.
 - Advertised:** If the owner, operator, or insurer advertised in accordance with instructions given to him in the designation letter, check yes. If the owner did not advertise, or if the advertisement was not in accordance with the instructions given, check no. Provide a copy of advertisement.