

P XXXXXXZ XXX XX

FM SECTOR/GROUP (as appropriate)

TO (Primary Servicing UNIT)

INFO CCGDTHIRTEEN SEATTLE WA//DPW/DRMC//

(Secondary servicing UNIT as appropriate)

(STATION as appropriate)

BT

UNCLAS //N16500//

SUBJ: GROUNDING/COLLISION/ALLISION OF (Name of vessel and body of water).

1. POSTION: (Lat/Long or IVO geographical location).

2. OTHER VESSELS INVOLVED: (NONE).

3. WITNESSES: (List any witnesses, vessel, and contact information).

4. DESCRIPTION OF INCIDENT: (Explain details of incident and include the statement "Coordinated with responsible ATON unit").

5. ATON VERIFICATION: (Choose 'Yes' or 'No'.)

a. YES (If possible, tell Servicing Unit which ATON is to be checked).

b. NO (Explain why ATON could not have been a factor in the incident).

BT

NNNN

NOTE: TEXT IN BOLD TYPE IS REQUIRED.