

|   |               |                    |   |                    |  |       |
|---|---------------|--------------------|---|--------------------|--|-------|
| <b>INITIAL INCIDENT INFORMATION</b>   |               | INCIDENT NAME      |   | Information as of: |  |       |
|   |               |                    |   | Date               | Time   |       |
| NAME OF PERSON REPORTING THE INCIDENT   |               |                    |   |                    |  |       |
| Call-Back Number(s) of person reporting the incident:   |               |                    |   |                    |  |       |
| <b>VESSEL/FACILITY INFORMATION AND POINTS OF CONTACT</b>  |               |                    |   |                    |  |       |
| Vessel / Facility Name:   |               |                    | Number of people onboard/on site:   |                    |  |       |
| Location:   |               |                    |   |                    |  |       |
| Type of Vessel / Facility:  |               |                    |   |                    |  |       |
| Contact / Agent:  |               |                    | Phone:  |                    |  |       |
| Owner:  |               |                    | Phone:  |                    |  |       |
| Operator / Charterer:   |               |                    | Phone:  |                    |  |       |
| <b>VESSEL SPECIFIC INFORMATION</b>  |               |                    |   |                    |  |       |
| Last Port of Call:  |               | Destination:       |   | Flag:              |  |       |
| Particulars:  | Length:       | Ft.                | Tonnage (Gross/Net/DWT):  | Draft Fwd:         | Aft:   |       |
| Year Built:   |               |                    |   |                    |  |       |
| Type of Hull: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Double-Bottom <input type="checkbox"/> Double-Sided  |               |                    |   |                    |  |       |
| Hull Material:  |               |                    |   |                    |  |       |
| Type of Propulsion: <input type="checkbox"/> Diesel <input type="checkbox"/> Steam <input type="checkbox"/> Gas Turbine <input type="checkbox"/> Nuclear <input type="checkbox"/> Other                                   |               |                    |   |                    |  |       |
| Petroleum Products or Crude Oil <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |                    |   |                    |  |       |
| Type of Cargo:  |               |                    | Total Number of Tanks on Vessel:  |                    |  |       |
| Total Quantity:   | Barrels x 42= | Gallons            | Total Capacity:   | Barrels            |  |       |
| Type of Fuel:   |               |                    | Quantity on Board:  |                    | Barrels  |       |
| <b>INCIDENT INFORMATION</b>   |               |                    |   |                    |  |       |
| Location:   |               |                    | Lat/Long:   |                    |  |       |
| Type of Casualty: <input type="checkbox"/> Grounding <input type="checkbox"/> Collision <input type="checkbox"/> Allision <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Other |               |                    |   |                    |  |       |
| Number of Tanks Impacted:   |               |                    | Total Capacity of Affected Tanks:   |                    |  |       |
| Material(s) Spilled:  |               |                    | Viscosity:  |                    |  |       |
| Estimated Quantity Spilled: ( <input type="checkbox"/> Gallons / <input type="checkbox"/> Barrels )   |               |                    | Classification: <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major |                    |  |       |
| Source Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No   |               |                    | If Not, Estimated Spill Rate: <input type="checkbox"/> Barrels <input type="checkbox"/> Gallons / Hour        |                    |  |       |
| Notes:  |               |                    |   |                    |  |       |
| <b>INCIDENT STATUS</b>  |               |                    |   |                    |  |       |
| Injuries/Casualties:  |               |                    |   |                    | <input type="checkbox"/> SAR Underway  |       |
| Vessel Status: <input type="checkbox"/> Sunk <input type="checkbox"/> Aground <input type="checkbox"/> Dead in Water  |               |                    | Set and Drift:  |                    |  |       |
| <input type="checkbox"/> Anchored <input type="checkbox"/> Berthed <input type="checkbox"/> Under Tow   |               |                    | Estimated Time to Dock / Anchor:  |                    |  |       |
| <input type="checkbox"/> Enroute to Anchorage / Berth Under Own Power   |               |                    | Estimated Time of Arrival:  |                    |  |       |
| <input type="checkbox"/> Holed: <input type="checkbox"/> Above Waterline <input type="checkbox"/> Below Waterline <input type="checkbox"/> At Waterline   |               |                    | Approximate Size of Hole:   |                    |  |       |
| <input type="checkbox"/> Fire: <input type="checkbox"/> Extinguished <input type="checkbox"/> Burning   |               |                    | <input type="checkbox"/> Assistance Enroute <input type="checkbox"/> Assistance On-Scene                      |                    |  |       |
| <input type="checkbox"/> Flooding: <input type="checkbox"/> Dewatering <input type="checkbox"/> Lightering  |               |                    | <input type="checkbox"/> Assistance Enroute <input type="checkbox"/> Assistance On-Scene                      |                    |  |       |
| <input type="checkbox"/> List: <input type="checkbox"/> Port <input type="checkbox"/> Starboard Degrees:  |               |                    | <input type="checkbox"/> Trim: <input type="checkbox"/> Bow <input type="checkbox"/> Stern Degrees:           |                    |  |       |
| <b>ENVIRONMENTAL INFORMATION</b>  |               |                    |   |                    |  |       |
| Wind Speed:   | Knots         | Wind Direction:    | Air Temperature:  | F°                 | Water Temperature:   | F°    |
| Wave Height:  | Feet          | Wave Direction:    | Conditions:   |                    | Tide: <input type="checkbox"/> Slack <input type="checkbox"/> Flood <input type="checkbox"/> Ebb |       |
| Current:  | Knots         | Current Direction: |   |                    | High Tide at:  | Hours |
| Swell Height:   | Feet          | Swell Direction:   |   |                    | Low Tide at:   | Hours |
| Prepared By:  |               |                    | Date / Time Prepared  |                    |  |       |
|   |               |                    | June 2000   |                    |  |       |
| <b>INITIAL INCIDENT INFORMATION</b>   |               |                    |   |                    |  |       |

**INITIAL NOTIFICATION  
INCIDENT INFORMATION**

**Purpose.** The Incident Information form provides the Incident Commander (and the Command and General Staff assuming command of the incident) with basic information regarding the incident situation and conditions.

**Preparation.** The initial Incident Information form is prepared by the responder receiving the first call reporting the incident. Subsequent updates to the form would be made by the Situation Unit.

**Distribution.** The initial form will be given to the Incident Commander. When updated, the Planning Section Chief will duplicate the Incident Information form and post a copy at the Situation Display in the Command Post. Single copies may then be distributed to the Command Staff, Section Chiefs, and Joint Information Bureau. All completed original forms **MUST** be given to the Documentation Unit.

| Item Title | Instructions  |
|------------|---|
| All items  | Enter information appropriate for all relevant items. |