Coastal
MARINA MANAGEMENT

Accident / Incident Report

Date of Incident _____ Vessel Involved? If so, who? _____

Time of Incident _____ Person Responsible for Incident_____

Date Reported _____ CMM contacted immediately:_____ Who?_____

Persons involved in Accident with contact info:_____

Description of Incident in Full (Take witness statements and photos):

_____
_____
_____
_____
_____

Action Taken:

_____
_____
_____
_____
_____

Further Follow Up Action Required:

_____
_____

Owner Notification Required: Yes_____ No_____

Responding Services: (Fire, Police, Utility Co., ect.) Gather names if possible

_____
_____
_____