



INITIAL INCIDENT NOTIFICATION

MISHAP / NEAR MISHAP

YR MO SEQUENCE

☐ MISHAP ☐ NEAR-MISHAP ☐ INFORMATION ONLY NOTIFICATION #: _____

INCIDENT		LOCATION (select as appropriate)			
DATE	TIME	STATION / SECTOR	DISTRICT/DIV/FL	LAT/LON	CITY/TOWN

MISSION NUMBER (if assigned)_: _____ OIA: _____

MISSION LEAD: NAME/MEM NO: _____

MISSION TYPE: _____ MISSION CODE: _____

INCIDENT DESCRIPTION: _____

FACILITY or ACTIVITY

☐ Aircraft ☐ Radio ☐ Vessel ☐ Building ☐ Land /VEH ☐ Persons☐ HAZMAT ☐ Other _____

ID	DAMAGE/INJURIES	LOCATION(S) Initial/ Final

PERSONNEL INVOLVED

NAME	MEM NO.	POSITION	OUTCOME /INJURY

UNITS NOTIFIED: OIA: _____ DCO _____ DCOS _____ FC/DCDR _____

Safety Officer _____ LE _____ Other _____

SUBMITTED BY	MEM NUMB	DIST/DIV//FL	DATE
POSITION			

INSTRUCTIONS**Guidance for Completing the Initial Incident Notification****Instructions for Each Field**

- **INCIDENT:** Indicate the type of event being reported. Choose one of the following options:
- **MISHAP** – An event resulting in damage or injury.
- **NEAR-MISHAP** – An event that could have resulted in damage or injury but did not.
- **INFORMATION ONLY** – An event or hazard that is noteworthy but does not fit the other categories.
- **NOTIFICATION #:** If a notification number has been assigned, write it here. If unknown, only enter year and month of entry (e.g.: 2025-3).

DATE: Enter the date when the incident occurred, using the format DD/MON/YYYY (e.g., 08/APR/2025).

TIME: Enter the time of the incident using 24-hour or AM/PM format, including zone (e.g., 16:06 or 4:06 PM EDT).

LOCATION: Select the most appropriate location details for where the incident occurred. This may include general areas, specific stations, or sectors. Enter the most significant data:

- **STATION / SECTOR:** Specify the designated station or sector associated with the incident.
- **DISTRICT/DIV/FL:** Identify the relevant district, division, or flotilla where the event took place.
- **LAT/LON:** Record the latitude and longitude coordinates for the location of the incident, if available.
- **CITY/TOWN:** Enter the city or town in or near which the incident occurred.

MISSION NUMBER: Enter the mission number if it has been assigned; otherwise, leave blank.

OIA: Fill in the OIA (Order Issuing Authority) if applicable.

MISSION LEAD: Name and member number of Lead operator assigned to the mission or activity

MISSION TYPE: Activity and code as listed in AUXDATA

INCIDENT DESCRIPTION: Brief, clear and objective description of what happened

FACILITY or ACTIVITY: Enter type of facility involved and kind of activity underway. Briefly list any facility or venue identification, any injuries or damage, and specific location of incident. (e.g.: Basement of school)

PERSONNEL INVOLVED: Brief list of individuals involved in the action and any injuries.

UNITS NOTIFIED: Note any units or officers notified of the incident, along with their office or identifier.

Certain notifications are required as specified in Auxiliary manuals, the Coast Guard Safety and Environmental Health Manual and State and Federal accident laws and regulations (such as notifications to local Law Enforcement of major accidents). List only those contacted.

SUBMITTED BY: Name, member number, home flotilla and position assigned during the incident, if any. (e.g.: Coxswain on the patrol; lead instructor; ops officer).