SAR WORK SHEET

	Date:
	Case No:
	Order No:
Notification	
Time Called:	Nature of Distress:
Time Arrived on Scene:	
Time Hooked Up:	Location of Vessel:
Time Off Call:	Lat: Lon:
Time waited for Assist:	Distance form Shore: POB
VESSEL INFORMATION	
Owner/Operator:	AGE:
Address:	City: State:
Zip Code:	Phone: ()
Boat Name:	Registration No:
Length: <u>ft.</u> in.	Manufacturer:
IO Outboard	Inboard □ Jet Drive □ Sail □
Value:	_ Current CME Decal: Yes □ No □
Wind Speed:	Sea Height:feet Visibility:miles
Assistance Rendered:	
Remarks:	