

Vessel Oil Spill Incident Fax Reporting Form
(Authorized for U.S. and non-U.S. Flag Vessels covered by a VRP/SOPEP)

DRILL: Yes ☐ No ☐

Initial Report to: USA National Response Center Fax: 202-267-2165 Follow up with Voice confirmation of fax receipt within 15 minutes. Voice: 1-800-424-8802 or 1-202-267-2675 Telex: 892427			
AA (ship name, call sign, identification number, flag, reporting party/Master's name)			
BB (date & time of event)		UTC (Zulu)	
_____ D D H H M M			
CC (position, latitude, longitude)		DD (bearing, distance from landmark)	
_____ ° _____ ' N S d d m m		_____ ° Brg d d d	
_____ ° _____ ' E W d d d m m		-OR-	
		Distance _____ nm from	
EE (true course)		FF (speed in knots)	
_____ °T d d d		_____ .	
		LL (intended track)	
		_____ ° d d d	
MM (radio station(s) and frequencies guarded, ship fax number, satellite or cell phone number)			
NN (date and time of next report to FOSC or COTP)			
_____ D D H H M M			
PP (type and quantity(units) of cargo/bunkers on board)			
QQ (brief details of defects/damages)			
RR (Include attachment of brief details of pollution, including estimated amount of loss)			
Estimated quantity lost: _____			
Technical name: _____ UN/IMDG number, if known: _____ Still leaking? <input type="checkbox"/> Yes or <input type="checkbox"/> No			
SS (brief details of weather and sea conditions)			
direction _____ WIND speed _____ kts		direction _____ SWELL height _____ m	
TT (contact details of ship's owner/operator/agent)			
UU (ship size and type)			
Length: _____ (m) Breadth: _____ (m) Draught: _____ (m) Type: _____			
XX (additional information—ATTACH ADDITIONAL SHEETS, IF NECESSARY)			
Brief details of incident and reporting party:			
Need for outside assistance:			
Actions taken to correct/mitigate the situation:			
Number of crew, injuries, or fatalities:		Crew	Injuries
			Fatalities
Spill Location:			
City _____ State _____ County (if known) _____			