



Please complete both sides of this report and return to the above address.

Your Information		
Name:	DMF Permit ID #:	
Your Address		
Street:		
City:	State:	Zip Code:
Your Contact Information		
Phone #:		
e-mail address:		
Your Vessel Information		
Vessel Name:	Length: ft	MS/DOC No:
Vessel Homeport:		
Gear Conflict or Catastrophic Loss		
Please be as specific as possible when filling out form.		
Date of Incident:	Time (AM/PM):	
Location (Lat/Lon and/or description of geographic location):		
If other vessel(s) lost gear in the conflict, please list them below (if applicable):		
F/V Name:	MS/Doc #:	Name:
F/V Name:	MS/Doc #:	Name:
Please list the vessel(s) that caused the conflict (if applicable):		
F/V Name:	MS/Doc #:	Name:
F/V Name:	MS/Doc #:	Name:

Description of Event(s). Please include type of gear lost, total amount of gear lost (# of pots, gillnets, etc.) and time lost due to lost gear:

Type of Gear Lost:

Amount of Gear Lost:

Value of Gear Lost(\$):

Did you contact the Massachusetts Environmental Police or Coast Guard during or after the conflict (Y/N)?

Witness Information:

(1) Name:

DMF Permit ID # (if applicable):

Phone #:

e-mail address:

Address:

City:

State:

Zip Code:

(2) Name:

DMF Permit ID # (if applicable):

Phone #:

e-mail address:

Address:

City:

State:

Zip Code:

Other Comments:

Your Signature

Signature:

Date: