

Damage Report Form

Submit to: Cenovus Energy (Environmental Assurance Specialist) 351 Water Street, St. John's, NL, A1C 1C2 Fax: (709) 724-3915	Do not write in this space
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Preliminary	Final	Date:
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1.	Person completing this report:	
	Position:	
	Telephone / Fax No.:	Tel: Fax:
	Address:	
2.	Captain at time of incident:	
	Telephone / Fax No.:	Tel: Fax:
	Address:	
3.	Name of fishing vessel:	
	CFV No:	
	Vessel Owner:	
	Owner's Address:	
4.	License or permit holder's name: (of Gear and/or Vessel involved)	
	Position:	
	License / Permit Held (+No.):	
	Telephone / Fax No.:	Tel: Fax:
	Address:	
5.	Person who will be making the claim for this incident (if known):	
	Date of Loss / Damage Incident:	
	Approximate Time of the Incident:	HH:MM 24Hr - NLT
	Location of the Incident or Discovery:	
	Latitude:	N:
	Longitude:	W:

Damage Report Form

Wind / weather / visibility / sea state at time of incident or discovery:

Draw a sketch/diagram showing the position of your vessel/gear in relation to the vessel, debris etc., which caused the damage (use separate sheet if necessary):

Describe the type of loss or damage sustained (e.g. quantity & description of gear damaged or affected):

Describe how the incident occurred (use separate sheet if necessary):

Describe measures taken to recover gear, or to stop or limit the damage or loss:

Names of other vessels in the area at the time of the incident (if known):

Was Canadian Coast Guard / DFO informed?

Yes

No

Identify any witnesses, debris collected, evidence of the damage (e.g. photographs) or other information you have about the incident (use separate sheet if necessary):

I hereby certify that the above information is, to the best of my knowledge, full and accurate in every detail.

Signed by:

Signature

At

Date