

Occurrence Report Form - Coal Harbour, Vancouver, BC, Canada

- ❖ In the event of an emergency (fire, collision, oil spill, etc.), call Vessel Traffic (Coast Guard) on channel 12 VHF or by phone (604) 666-6012.
- ❖ For reporting this and other occurrences, please submit this form by fax to the Harbour Master (604-665-9099). If the occurrence involves a float plane, please also fax the form to Chad Wetsch at 604-681-8943.

Occurrence	Date:	Time:	
Type of Occurrence	<input type="checkbox"/> collision	<input type="checkbox"/> allision (occurrence with stationary object)	
	<input type="checkbox"/> close call/near miss	<input type="checkbox"/> pollution	
	<input type="checkbox"/> infraction of Harbour Operations Regulations under the Canada Marine Act		
Weather and Water Conditions	Weather		Water
	<input type="checkbox"/> clear	<input type="checkbox"/> rain	<input type="checkbox"/> calm
	<input type="checkbox"/> cloudy	<input type="checkbox"/> hazy/foggy	<input type="checkbox"/> choppy
			<input type="checkbox"/> very rough
			<input type="checkbox"/> strong current
	<input type="checkbox"/> none		
	<input type="checkbox"/> light		
	<input type="checkbox"/> moderate		
	<input type="checkbox"/> strong		
	Other relevant factors: (low sun, visibility, wind direction, etc.)		
Boats or planes involved	1) Name and type of vessel(s) or object involved:		
	2) Other boat or plane name:		Call #'s:
	Type	Additional details (colour, approx. length, etc.)	
	<input type="checkbox"/> sail		
<input type="checkbox"/> motor boat			
<input type="checkbox"/> rowing shell			
<input type="checkbox"/> chartered boat			
<input type="checkbox"/> plane			
<input type="checkbox"/> kayak/canoe/rowboat			
<input type="checkbox"/> other (buoy, etc.)			
Description of events	(Note all relevant factors here: eg: waterway congestion, vessels' speed, signals observed, rower visibility, adherence to "rules of the road", lookout maintained, exchange of information between parties, etc. Use back of form if required.)		
Diagram	(Append any photos taken of occurrence, damage, etc.)		
Witnesses	Name:	Address:	Tel:
Person reporting occurrence	Name:		Organization
	Address:		
	Telephone: (day)		(evening)
	Email:	Date of report:	Time of report:
Responding Agency (if applicable)	Agency (Police, Coast Guard, Transport Canada, etc.)	Occurrence or File #	Contact Information