

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

INCIDENT REPORT AND TRANSMITTAL

From: _____ **Date:** _____
To: Director, National Pollution Funds Center
Subj: Financial Summary Report for FPN/CPN/DPN: _____

Incident Information

Federal Project No.(FPN)/CERCLA Case No.(CPN)/Disaster Project No.(DPN): _____
MISLE Case No.: _____ ; MISLE Activity No.: _____
Date of Incident: _____ Date OPA/CERCLA/Stafford Act actions started: _____
Date OPA/CERCLA/Stafford Act actions completed: _____
Location of Incident: _____
Material Involved: _____
Quantity Discharged: _____ Was there a Substantial Threat? Yes No
Water or Resource Affected: _____
(Primary Unit Contact): _____ (Telephone No): _____

Fund Information

Total Authorized Ceiling: \$ _____
Total Coast Guard Costs: \$ _____
Total Contractor Costs: \$ _____
Total OGA Costs: \$ _____

Source Designation Information

Has source been identified? Yes No If Yes, attach "Page 2 Source Information"
Has source been designated? Yes No

FOSC's Approval

Submitted By: _____ Approved By: _____

(FOSC's Signature or Designated Rep)

Enclosures

- ___) Incident Report (Page 2)
- ___) _____
- ___) _____
- ___) _____
- ___) _____
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