

## REPORT OF OBSTRUCTION, HAZARDOUS PHYSICAL CONDITION, COLLISION/ALLISION OR VIOLATION OF CANAL RULES & REGULATIONS

**INSTRUCTIONS:**

- *Preparer (if Canal patron):* Hand deliver Report to nearest Canal Structure Operator or mail to Canal Headquarters at above address. Retain a copy.
- *Canal Employee (preparer or receiver of Report):* Make two (2) copies of Report; provide one copy to the person who reported it (if other than yourself) and one copy to the Lock/Lift Bridge file. Send original to the Canal Section Superintendent.
- *Canal Section Superintendent:* Make two (2) copies of Report and send to Division Canal Engineer and Canal Headquarters. Retain original Report for six (6) years.

**NOTES:**

- *Canal Patrons:* Patrons can file a claim for property damage incurred while traveling the Canal System by completing/submitting the VEHICLE/VESSEL DAMAGE CLAIM FORM (TA-W1552-9), available within 90 days of the incident.
- *Canal Employees:* For incidents/accidents involving property damage, personal injury or fatality, employees are to follow the appropriate notification and response procedure.

<b>Section I Incident Information</b>			
Incident/Violation Location/Structure (if not listed in dropdown, describe)	Incident Date	Incident Time	Travel Direction
Operating Company/Owner of Pleasure or Tour Boat		Phone No. (     )     -	
Mailing Address	City	State/Province	Zip/Postal Code
Boat Name	Registration No./USCG Doc.	Captain/Master Name (if different than owner)	
Incident/Account of Violation of Rules & Regulations Details			
Report of Obstruction to Navigation: Does the obstruction appear to be within marked channel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Cannot determine Does any of the obstruction appear above the water surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did vessel strike the obstruction? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, was the strike hard or soft? <input type="checkbox"/> Hard <input type="checkbox"/> Soft Further description (if applicable) _____			
Report of Aids to Navigation (AtoN) Irregularities: AtoN No./Description                      Irregularity (e.g., off station, extinguished, damaged, missing, uncharted, etc.) _____ _____ _____			
<b>Section II Damage/Detention Information</b>			
Description of damage to any property/infrastructure			
Description of damage to any vessel(s)			
Location and duration of detention (if any)			
<b>Section III Follow Up Information</b>			
Vessel(s) resumed travel      Date _____ Time _____			
Suggestions for improvement			
Reported by Name	Phone No. (     )     -	Affiliation (e.g., Captain of 'Serendipity', Lock E2 Operator)	Date