Form Number LLCF-080	Issue Date 03/17/16	Revision Date 01/15/26	Form Number LLCF-080
	Vessel Incident Statement		

Date: _____ Client vessel is working for at time of incident _____

GIS Company Name:_____

To whom it may concern:

This is to certify the M/V _____ File: _____

Underway from _____ to _____ Tied up to _____

At approximately _____ hours, on _____

As a result of _____ sustained the following damage.

The wind was from the_____, at approximately _____ MPH. The seas were approximately _____ ft. Visibility _____

Please give a general description of the accident below.

Corrective Action (If required)

Master

_____