AFLOAT MISHAP TELEPHONE REPORT

IAW OPNAVINST 5100.19C

Use this form to collect afloat mishap information.

CALLER _____ PHONE (DSN) _____

(name, rank, title) (COMM) _____

Date/Time of mishap _____

Command _____ ISIC _____

Ship, submarine, diving

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Ship, submarine, diving

Originator and DTG of OPREP-3/UnitSitRep _____

Brief Description of mishap.

When/where will the mishap board convene? (if known)

_____

Point of Contact _____

(name, rank, title, command)

PHONE (DSN) _____ (COMM) _____

Call Received by: _____ Date/Time _____

PEOPLE NOTIFIED		TIME
1 - Afloat Director (30)		
2 - Deputy Director (30A)		
3 - Executive Assistant (30B)		
4 - Executive Director (ED)		
5 - Deputy Commander		
6 - Admiral (When directed by ED)		