



Paul J. Diodati
Director

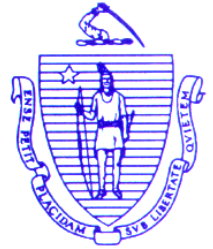
Commonwealth of Massachusetts

Division of Marine Fisheries

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Boston, Massachusetts 02114

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Deval Patrick
Governor

Ian A. Bowles
Secretary

Mary B. Griffin
Commissioner

Gear Conflict/Catastrophic Gear Loss Report

Name: _____

Address: _____

Phone #: _____ Cell#: _____

Your:

- Permit ID# _____
- F/V Registration/Documentation # _____
- F/V Name _____
- F/V Length _____
- Type of gear lost/damaged: _____

GEAR CONFLICT OR LOSS (Please be as specific as possible when answering all questions)

Date of Incident _____ Time (AM/PM) _____

Location (LORAN or most accurate position) _____

If other Vessel(s) involved, please list (F/V registration/documentation, name, description) _____

Description of Events _____

Amount of loss (# of pots, gillnets, etc. or time lost due to abandoned gear in net or fixed gear in traditional trawling areas) _____

Value of gear lost: \$ _____

Name(s)/contact information of witness(es) _____

Did you contact or attempt to contact the Massachusetts Environmental Police or Coast Guard during or after the conflict? _____

Other comments _____

Signature _____ Date _____

Falsifying any information contained within this report constitutes the act of perjury and may result in a fine, imprisonment or loss of license (MGL, Chapter 130, Sections 2, 21, 33).