

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4612 (REV 01 APR 10)		AUXILIARY SAR INCIDENT AND MISLE CASE DATA ENTRY REPORT (See instructions and privacy act statement on CG-4612-A)			
MISLE CASE NUMBER:		ACTIVITY NUMBER (Optional):			
UNIT CASE NUMBER:		DATE:		TIME:	
MEMBER NO:		MEMBER LAST NAME:			INITIAL:
SECTION I - INITIAL NOTIFICATION DATA					
TIME INCIDENT OCCURRED:			BODY OF WATER:		
TIME USCG NOTIFIED:			CAUSE OF DISTRESS:		
NATURE OF DISTRESS:			PERSONS ON BOARD: ADULT: CHILD:		
GENERAL NOTIFICATION METHOD (CHECK ONE): <input type="checkbox"/> DIRECT <input type="checkbox"/> 3 RD PARTY <input type="checkbox"/> HAPPENED UPON					
SPECIFIC NOTIFICATION METHOD (CHECK ONE): <input type="checkbox"/> PHONE <input type="checkbox"/> 911 DISPATCH <input type="checkbox"/> WALK-IN <input type="checkbox"/> VHF-FM CH []					
GENERAL LOCATION:			LAT:		LONG:
SECTION II – REPORTING SOURCE DATA					
NAME:			REG/DOC NUMBER:		
ADDRESS:			PHONE: (_____) _____ - _____		
SECTION III - ON-SCENE WEATHER					
SKY (CHECK ONE): <input type="checkbox"/> CLEAR <input type="checkbox"/> SCATTERED <input type="checkbox"/> BROKEN <input type="checkbox"/> OVERCAST <input type="checkbox"/> OTHER:					
VISIBILITY (NM):		PRECIPITATION (CHECK ONE): <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> SMOKE <input type="checkbox"/> HAZE			
WAVE HT:	FT	SWELL HT:	FT	WIND DIR:	° TRUE WIND SPD: KTS
WATER TEMP:	°F	OTHER COMMENTS:			
SECTION IV - SORTIE DATA					
RESOURCE:	PILOT/CXSN:		GAR COLOR: GREEN AMBER RED		
CREW:					
SECTION V - CASE INFORMATION DATA					
UNDERWAY TIME:			LAT:		LONG:
ON-SCENE TIME:			LAT:		LONG:
DEPART SCENE TIME:			LAT:		LONG:
END SORTIE TIME:			LAT:		LONG:
OTHER COMMENTS:					
SECTION VI – INVOLVED VESSEL DATA					
VESSEL NAME:			REG/DOC NUMBER:		
USE: PLEASURE COMMERCIAL FISHING OTHER:	YEAR:	MAKE:	MODEL:	LGTH:	
SECTION VII – OWNER					
NAME:			SEX: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:
ADDRESS:					
PHONE TYPE: HM <input type="checkbox"/> WK <input type="checkbox"/> CELL <input type="checkbox"/>	PH NO: (_____) _____ - _____		TYPE ID: (OPTIONAL)		ID NO: (OPTIONAL)
SECTION VIII – OPERATOR					
NAME:			SEX: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:
ADDRESS:					
PHONE TYPE: HM <input type="checkbox"/> WK <input type="checkbox"/> CELL <input type="checkbox"/>	PH NO: (_____) _____ - _____		TYPE ID: (OPTIONAL)		ID NO: (OPTIONAL)
SECTION IX - CASE OUTCOME					
PROP VALUE: \$ _____ , 000	ASSISTANCE: <input type="checkbox"/> TOW <input type="checkbox"/> DEWATER <input type="checkbox"/> STOOD-BY <input type="checkbox"/> ESCORT <input type="checkbox"/> COMMS				
LIVES SAVED: (_____)	<input type="checkbox"/> REMOVED FROM DANGER <input type="checkbox"/> FIRST AID <input type="checkbox"/> NONE POSSIBLE <input type="checkbox"/> NONE REQUIRED				
LIVES ASSTD: (_____)	<input type="checkbox"/> HOAX/FALSE ALARM <input type="checkbox"/> OTHER UNIT RESOLVED <input type="checkbox"/> OTHER:				
ADDITIONAL COMMENTS AND PASSENGERS on DISABLED (PROVIDE ON REVERSE OR ADDITIONAL SHEETS):					

**AUXILIARY SAR INCIDENT
AND MISLE CASE DATA ENTRY
INSTRUCTION FORM**

- * MISLE CASE NUMBER: Enter the MISLE CASE Number here.
- * ACTIVITY NUMBER: (This is optional and may not be used everywhere) Enter the Activity Number here.
- * UNIT CASE NUMBER: (This is optional and may not be used everywhere) Enter the Unit Case Number assigned by the controlling unit.
- * DATE: Enter the date of the MISLE data entry.
- * TIME: Enter the time of the MISLE DATA entry.
- * MEMBER NO. Enter the Auxiliary coxswain's or pilot's Member Number here.
- * MEMBER LAST NAME: Enter the Auxiliary coxswain's or pilot's last Name here.
- * MEMBER'S INITIALS: Enter the Auxiliary coxswain's or pilot's initials here.

SECTION I – INITIAL NOTIFICATION DATA

- * TIME INCIDENT OCCURRED: Enter the time that the incident actually occurred.
- * BODY OF WATER: Enter the name of the body of water where the incident occurred.
- * TIME USCG NOTIFIED: Enter the time that the CG was first notified.
- * CAUSE OF DISTRESS: Enter the cause of distress (Mechanical, Operator error, Electrical, etc).
- * NATURE OF DISTRESS: Enter the reason that the involved vessel asked for assistance (Flooding, Engine Won't Start, Grounded, etc.)
- * PERSONS ON BOARD: Enter the number of adults and children on board the distressed vessel.
- * GENERAL NOTIFICATION METHOD: (Check one), Direct, Third Party or Happened Upon.
- * SPECIFIC NOTIFICATION METHOD: (Check one): Phone, 911 Dispatcher, Walked in to unit, VHF-FM and VHF-FM channel number over which distressed vessel notified CG.
- * GENERAL LOCATION: General geographic area (if provided.)
- * LAT/LONG: Enter Lat/Long received from the vessel.

SECTION II – REPORTING SOURCE DATA

- * NAME: Enter the name of the reporting party.
- * REG/DOC NUMBER: Enter registration or documentation number of the reporting vessel.
- * ADDRESS: Enter the address of the reporting party.
- * PHONE: Enter the phone number of the reporting party.

SECTION III – ON SCENE WEATHER

- * SKY: Check the type of sky conditions (Clear, Scattered, Broken, Overcast, or Other – specify other).
- * VISIBILITY: Enter the visibility in Nautical Miles
- * PRECIPITATION: Check one of the choices.
- * WAVE HT: Enter the wave height in feet.
- * SWELL HT: Enter the swell height in feet.
- * WIND DIR: Enter the on-scene wind direction in degrees true.
- * WIND SPEED: Enter the on-scene wind speed in knots.
- * WATER TEMPERATURE: Enter the water temperature in degrees Fahrenheit.
- * OTHER COMMENTS: Enter any other comments regarding the “On-scene” weather.

SECTION IV – SORTIE DATA

- * RESOURCE: Enter the facility number of the Auxiliary Resource (example: AUX 241204)
- * PILOT/CXSN: Enter the Last Name of the pilot or coxswain on the Auxiliary resource.
- * GAR COLOR: Circle the GAR color for the responding Auxiliary resource at the time of response.
- * CREW: List the last names of the crew on the responding Auxiliary resource.

SECTION V – CASE INFORMATION DATA

- * UNDERWAY TIME: Enter the local time that the Auxiliary resource responded.
- * LAT/LONG: Enter the Latitude and Longitude of the Auxiliary responding resource at the time of response.
- * ON-SCENE TIME: Enter the “On-scene” local time of the Auxiliary responding resource.
- * LAT/LONG: Enter the “On Scene” Latitude and Longitude
- * DEPART SCENE TIME: Enter the local time the responding Auxiliary resource departed the scene.
- * LAT/LONG: Enter the Latitude and Longitude if different from “On Scene”.
- * END SORTIE TIME: Enter the local time the responding Auxiliary resource ended the sortie.
- * LAT/LONG: Enter the Latitude and Longitude where sortie ended.
- * OTHER COMMENTS: Enter any other information pertaining to times and locations.

SECTION VI – INVOLVED VESSEL DATA

(NOTE: If more than one vessel is involved use additional CG-4612 forms)

- * VESSEL NAME: Enter the name of the involved vessel. (If more than one vessel, enter additional vessels on another DATA ENTRY REPORT (CG-4612).
- * REG/DOC NUMBER: Enter the state registration or the documentation number of the involved vessel.
- * USE: Check the use of the involved vessel (Pleasure, Commercial, Fishing, Other – spell out other).
- * YEAR: Enter the year of manufacture of the involved vessel.
- * MAKE: Enter the Manufacturer of the vessel involved.
- * MODEL: Enter the Manufacturer’s model of the vessel involved.
- * LENGTH: Enter the overall length of the vessel involved.

SECTION VII – OWNER

- * NAME: Enter the name of the involved vessel’s owner (as shown on the registration or documentation).
- * SEX: Indicate the sex of the owner of the involved vessel.
- * DOB: Enter the date of birth of the involved owner.
- * ADDRESS: Enter the address of the owner of the involved vessel.
- * PHONE TYPE: Check the phone type for the owner’s provided phone number (Home, work, cell).
- * PH NO: Enter the owner’s 10 digit phone number.
- * TYPE ID: (Optional) Enter the type of identification used to Identify the owner (ex. registration, driver’s license, etc.).
- * ID NO: (Optional) Enter the identification number for the document used to identify the owner.

SECTION VIII – OPERATOR

- * **NAME:** Enter the name of the person operating the involved vessel.
- * **SEX:** Indicate the sex of the operator of the involved vessel.
- * **DOB:** Enter the date of birth of the involved operator.
- * **ADDRESS:** Enter the address of the operator of the involved vessel.
- * **PHONE TYPE:** Check the phone type for the operator of the involved vessel provided phone number (Home, work, cell).
- * **PH NO:** Enter the 10 digit phone number of the operator of the involved vessel.
- * **TYPE ID:** (Optional) Enter the type of identification used to Identify the operator of the involved vessel (ex: driver's license, registration, etc.).
- * **ID NO:** (Optional) Enter the identification number for the document used to identify the operator of the involved vessel.

SECTION IX – CASE OUTCOME

- * **PROP VALUE:** Enter the estimated value of the assisted vessel.
- * **ASSISTANCE:** Check the type of assistance rendered by the responding Auxiliary resource (Tow, Dewater, Stood-by, Escort, Removed from Danger, First Aid, Comms. Assist., Other – (specify what other is)).
- * **LIVES SAVED:** Enter the number of lives saved.
- * **PERSONS ASSISTED:** Enter the number of persons assisted.
- * **ADDITIONAL COMMENTS:** Enter the names and addresses of the passengers on the assisted vessel along with any additional comments regarding this case on the back of this page or on a separate sheet of paper.

NOTE: Lives Saved vs. Lives Assisted

Any questions you may have with regards to definitions in the area of SAR or MISLE will be the definitions provided in COMDTINST 16130.2(series) USCG Addendum to US SAR Supplement to the IAMSAR Manual. In the manual Appendix B has descriptions/definitions for all the required data fields including property and position entries.

Lives Saved-

Appendix B.5.7.1(c)- Lives saved are those lives that would have been lost had the rescue action not been taken. This includes actually pulling a person from a position of distress or removing them from a situation that would likely have resulted in their death had the action not been taken.

Lives Assisted-

Appendix B.5.7.1(h)- Lives assisted are those persons who are provided assistance that did not meet the criteria for lives saved but did receive some assistance. An entry for type of assistance provided is required for every life entered under this category. Persons merely onboard a vessel that is provided assistance directed at the vessel (repairs, fuel, etc.) are not necessarily assisted.

It can sometimes be a judgment call but, as a general rule of thumb, if a person is removed from a sinking vessel, more than likely, you should claim a life saved. If a person is removed from a vessel aground it would generally be a life assisted.