

**Southeast Fisheries Observer Incident Report**

**Trip Number:** \_\_\_\_\_ **Vessel Name/Doc #:** \_\_\_\_\_

**Observer:** \_\_\_\_\_

Did you witness any drug and/or alcohol usage, or other unsafe operations that you feel affected your safety or impeded your duties while offshore? (Circle one) YES or NO  
If YES, explain below and use attached sheets if needed.

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Did you witness any fishery violations? (Circle one) YES or NO  
If YES, explain below and use attached sheets if needed.

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I have read this statement consisting of \_\_\_ page(s) and have initialed all corrections. I fully understand its entire contents and declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address and Phone

