

(Revised 04/23) NINTH DISTRICT DRAWBRIDGE SIGNALS OR OPERATIONAL DELAYS FORM

TO: Commander (dpb)
Ninth Coast Guard District
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DATE: _____
NOTE: Reports of Delay will be processed only when all items are fully addressed and reports submitted within 15 days of reported delay / difficulty. Attach additional sheets if necessary.

CONFIDENTIALITY: Please check here if you wish to keep names of vessels and persons confidential

1. DATE OF DELAY: _____ 2. VESSEL NAME: _____ 3. INBOUND OUTBOUND

(***NOTE: You must provide the following from Coast Pilot 6.***)

4. BRIDGE NAME _____ 5. WATERWAY _____

6. MILE MARKER _____

7. WHAT TIME DID YOU ARRIVE AT THE BRIDGE? _____ 8. DID YOU SIGNAL FOR AN OPENING AT THAT TIME? Y N

9. HOW DID YOU SIGNAL? Sound signal (Whistle, horn, megaphone, hailer, etc.) _____

(Check all that apply) Visual signal (Flag or Light) _____

Radio telephone (Specify Frequency) _____

10. WHEN DID THE BRIDGE REPLY? _____ 11. WHAT DID THE DRAWTENDER SAY? _____

12. DID YOU COMMUNICATE WITH THE BRIDGE AFTER YOUR ARRIVAL? PLEASE PROVIDE DETAILS INCLUDING TIMES, WHAT YOU SAID, AND WHAT THE BRIDGE SAID? _____

13. WHAT TIME DID THE BRIDGE OPEN? _____ 14. WHAT TIME DID YOU START THROUGH? _____

15. WHAT TIME DID YOU CLEAR? _____ 16. WHAT ACTIONS DID YOU TAKE WHILE YOU WAITED FOR THE BRIDGE TO OPEN (e.g. tie up, hold position, use thrusters, return to dock)? _____

17. DESCRIBE ANY WEATHER OR WATER CONDITIONS THAT AFFECTED MANUEVERABILITY WHILE YOU WAITED? _____

18. DESCRIBE WHETHER ANY PEDESTRIANS, VEHICLES, OR TRAINS WERE STOPPED ON THE BRIDGE OR CROSSING THE BRIDGE? PROVIDE AS MUCH DETAIL AS POSSIBLE. _____

19. PROVIDE ANY ADDITIONAL INFORMATION YOU THINK WOULD BE HELPFUL? _____

20. YOUR NAME, E-MAIL, PHONE NUMBER, AND ADDRESS: _____

SIGNATURE OF REPORTING SOURCE

