



Division of Marine Fisheries  
251 Causeway Street, Suite 400  
Boston, MA 02114  
[www.mass.gov/marinefisheries](http://www.mass.gov/marinefisheries)

Form DMF-GC  
Gear Conflict or  
Catastrophic Gear Loss Report

Please complete both sides of this report and return to the above address.

Your Information		
Name:	DMF Permit ID #:	
Your Address		
Street:		
City:	State:	Zip Code:
Your Contact Information		
Phone #:		
e-mail address:		
Your Vessel Information		
Vessel Name:	Length:           ft	MS/DOC No:
Vessel Homeport:		
Gear Conflict or Catastrophic Loss		
Please be as specific as possible when filling out form.		
Date of Incident:	Time (AM/PM):	
Location (Lat/Lon and/or description of geographic location):		
If other vessel(s) lost gear in the conflict, please list them below (if applicable):		
F/V Name:	MS/Doc #:	Name:
F/V Name:	MS/Doc #:	Name:
Please list the vessel(s) that caused the conflict (if applicable):		
F/V Name:	MS/Doc #:	Name:
F/V Name:	MS/Doc #:	Name:

**Description of Event(s). Please include type of gear lost, total amount of gear lost (# of pots, gillnets, etc.) and time lost due to lost gear:**


**Type of Gear Lost:**

**Amount of Gear Lost:**

**Value of Gear Lost(\$):**

**Did you contact the Massachusetts Environmental Police or Coast Guard during or after the conflict (Y/N)?**

**Witness Information:**

**(1) Name:**

**DMF Permit ID # (if applicable):**

**Phone #:**

**e-mail address:**

**Address:**

**City:**

**State:**

**Zip Code:**

**(2) Name:**

**DMF Permit ID # (if applicable):**

**Phone #:**

**e-mail address:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Other Comments:**


**Your Signature**

**Signature:**

**Date:**