

CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

INFORMATION: OPERATOR #1			
OPERATOR NAME AND ADDRESS 	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER NAME AND ADDRESS	OPERATOR EXPERIENCE <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	OPERATOR EDUCATION <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> STATE COURSE <input type="checkbox"/> INFORMAL <input type="checkbox"/> NONE
AGE			

INFORMATION: VESSEL #1 (YOUR VESSEL)							
THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED	
BOAT NUMBER (CF OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH	
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER	
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____			FIRE EXTINGUISHER ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> OTHER (specify) _____		PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____		OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER- SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL <input type="checkbox"/> DRIFTING <input checked="" type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> SAILING <input type="checkbox"/> OTHER (specify) _____ SPEED _____ MPH	

INFORMATION: OPERATOR #2			
OPERATOR NAME AND ADDRESS 	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO OWNER NAME AND ADDRESS	OPERATOR EXPERIENCE <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	OPERATOR EDUCATION <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> STATE COURSE <input type="checkbox"/> INFORMAL <input type="checkbox"/> NONE
AGE			

INFORMATION: VESSEL #2 (OTHER VESSEL INVOLVED)							
THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE \$\$	RENTED BOAT <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED	
BOAT NUMBER (CF OR DOC #)		MFR. HULL ID#		BOAT NAME		LENGTH	
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER	
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____			FIRE EXTINGUISHER ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> OTHER (specify) _____		PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____		OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER- SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL <input type="checkbox"/> DRIFTING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> SAILING <input type="checkbox"/> OTHER (specify) _____ SPEED _____ MPH	

NAME OF PERSON COMPLETING THE REPORT _____	QUALIFICATION OF PERSON COMPLETING REPORT <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER (specify)
SIGNATURE OF PERSON COMPLETING THE REPORT _____	_____

CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

The operator of every recreational vessel is required by Section 656 of the Harbors and Navigation Code to file a written report whenever a boating accident occurs which results in death, disappearance, injury that requires medical attention beyond first aid, total property damage in excess of \$500, or complete loss of a vessel. Reports must be submitted within 48 hours in case of death occurring within 24 hours of an accident, disappearance, or injury beyond first aid. All other reports must be submitted within 10 days of the accident. Reports are to be submitted to the California Department of Boating and Waterways at 2000 Evergreen Street, Suite 100, Sacramento, California 95815-3888, (916) 263-8189. Failure to submit this report as required is a misdemeanor and is punishable by a fine not to exceed \$1000 or imprisonment not to exceed 6 months or both.

DATE OF ACCIDENT (MM/DY)	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY	BODY OF WATER	LOCATION ON WATER
# INJURED	# DEAD	TOTAL \$\$	LAW ENFORCEMENT ON ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY NAME

WEATHER (CHECK ALL THAT APPLY): <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM (waves less than 6") <input type="checkbox"/> CHOPPY (waves 6"-2') <input type="checkbox"/> ROUGH (waves 2'-6") <input type="checkbox"/> VERY ROUGH (waves >6")	WIND CONDITIONS <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0-6 mph) <input type="checkbox"/> MODERATE (7-14 mph) <input type="checkbox"/> STRONG (15-25 mph) <input type="checkbox"/> STORM (over 25 mph)	TEMPERATURE <table style="width:100%;"> <tr> <td style="width:50%;">WATER</td> <td style="width:50%;">AIR</td> </tr> <tr> <td>VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR</td> <td>STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>	WATER	AIR	VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO
WATER	AIR						
VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO						

TYPE OF ACCIDENT (CHECK ALL THAT APPLY): <input type="checkbox"/> CAPSIZING <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> FALL OVERBOARD <input type="checkbox"/> FALL IN BOAT <input type="checkbox"/> OTHER _____	CAUSE OF ACCIDENT (CHECK ALL THAT APPLY): <input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> OVERLOADING <input type="checkbox"/> FIRE / EXPLOSION (fuel) <input type="checkbox"/> FIRE / EXPLOSION (other than fuel) <input type="checkbox"/> FLOODING / SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> STRUCK BY BOAT / PROPELLER <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> HAZARDOUS WEATHER / WATER <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> OTHER _____
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DESCRIBE WHAT HAPPENED AND WHAT YOU COULD HAVE DONE TO PREVENT THIS ACCIDENT
 (Explain the cause of death or injury, medical treatment, etc. Use sketch if helpful. If needed, continue description on additional paper.)

VICTIM OR WITNESS INFORMATION

VICTIM / WITNESS NAME & ADDRESS	VICTIM / WITNESS STATUS	RIDING IN VESSEL #	AGE	INJURY DESCRIPTION	CAUSE OF DEATH	COULD VICTIM SWIM?	LIFE JACKET WORN?
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO