CALIFORNIA BOATING ACCIDENT REPORT

INFORMATION: OPERATOR #1

OPERATOR NAME AND ADDRESS

IS OWNER DIFFERENT THAN OPERATOR? □ YES □ NO

OWNER NAME AND ADDRESS

OPERATOR EXPERIENCE

OPERATOR EDUCATION

□ AMERICAN RED CROSS

□ USCG AUXILIARY

□ US POWER SQUADRON

□ STATE COURSE

□ INFORMAL

□ NONE

OPERATOR EDUCATION

INFORMATION: VESSEL #1

(YOUR VESSEL)

ACTIVITY

D RECREATIONAL □ COMMERCIAL □ OTHER

D WOOD □ ALUMINUM □ FIBERGLASS

□ PLASTIC □ RUBBER / VINYL □ OTHER (specify)

□ OPEN MOTORBOAT □ CABIN MOTORBOAT

□ PERSONAL WATERCRAFT □ HOUSEBOAT

□ SAILBOAT (aux. engine) □ SAILBOAT (sail only)

□ CANOE / KAYAK □ RAFT

□ ROWBOAT □ OTHER (specify)

HULL MATERIAL

□ WOOD □ ALUMINUM □ FIBERGLASS

□ PLASTIC □ RUBBER / VINYL □ OTHER (specify)

□ OUTBOARD □ INBOARD

□ INBOARD / OUTBOARD □ JET

□ SAIL ONLY □ PADDLE / OARS □ OTHER (specify)

OPERATION AT TIME OF ACCIDENT

D CRUISING □ CHANGING DIRECTION

□ CHANGING SPEED □ TOWING SKIER / TUBER

□ TOWING SKIER - SKIER DOWN □ TOWING ANOTHER VESSEL

□ BEING TOWED BY ANOTHER VESSEL □ OTHER (specify)

SPEED

MPH

INFORMATION: OPERATOR #2

OPERATOR NAME AND ADDRESS

IS OWNER DIFFERENT THAN OPERATOR? □ YES □ NO

OWNER NAME AND ADDRESS

OPERATOR EXPERIENCE

OPERATOR EDUCATION

□ AMERICAN RED CROSS

□ USCG AUXILIARY

□ US POWER SQUADRON

□ STATE COURSE

□ INFORMAL

□ NONE

INFORMATION: VESSEL #2

(OTHER VESSEL INVOLVED)

ACTIVITY

D RECREATIONAL □ COMMERCIAL □ OTHER

D WOOD □ ALUMINUM □ FIBERGLASS

□ PLASTIC □ RUBBER / VINYL □ OTHER (specify)

□ OPEN MOTORBOAT □ CABIN MOTORBOAT

□ PERSONAL WATERCRAFT □ HOUSEBOAT

□ SAILBOAT (aux. engine) □ SAILBOAT (sail only)

□ CANOE / KAYAK □ RAFT

□ ROWBOAT □ OTHER (specify)

HULL MATERIAL

□ WOOD □ ALUMINUM □ FIBERGLASS

□ PLASTIC □ RUBBER / VINYL □ OTHER (specify)

□ OUTBOARD □ INBOARD

□ INBOARD / OUTBOARD □ JET

□ SAIL ONLY □ PADDLE / OARS □ OTHER (specify)

OPERATION AT TIME OF ACCIDENT

D CRUISING □ CHANGING DIRECTION

□ CHANGING SPEED □ TOWING SKIER / TUBER

□ TOWING SKIER - SKIER DOWN □ TOWING ANOTHER VESSEL

□ BEING TOWED BY ANOTHER VESSEL □ OTHER (specify)

SPEED

MPH

NAME OF PERSON COMPLETING THE REPORT

SIGNATURE OF PERSON COMPLETING THE REPORT

QUALIFICATION OF PERSON COMPLETING REPORT

□ OPERATOR □ OWNER □ OTHER (specify)

THIS CONFIDENTIAL REPORT IS USED IN RESEARCH FOR THE PREVENTION OF ACCIDENTS AND A COPY IS FORWARDED TO THE UNITED STATES COAST GUARD
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 95815-3866, (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.

<table>
<thead>
<tr>
<th>DATE OF ACCIDENT</th>
<th>TIME OF ACCIDENT</th>
<th>COUNTY</th>
<th>BODY OF WATER</th>
<th>LOCATION ON WATER</th>
<th>LAW ENFORCEMENT ON ACCIDENT SCENE?</th>
<th>AGENCY NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
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</table>

<table>
<thead>
<tr>
<th>WEATHER (CHECK ALL THAT APPLY)</th>
<th>WATER CONDITIONS</th>
<th>WIND CONDITIONS</th>
<th>TEMPERATURE</th>
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<tbody>
<tr>
<td>CLEAR</td>
<td>RAIN</td>
<td>CALM (waves less than 6&quot;)</td>
<td>LIGHT (6-12 mph)</td>
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<tr>
<td>CLOUDY</td>
<td>SNOW</td>
<td>CHOPPY (waves 6&quot;-2&quot;)</td>
<td>MODERATE (12-14 mph)</td>
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<tr>
<td>FOG</td>
<td>HAZY</td>
<td>ROUGH (waves 2&quot;-6&quot;)</td>
<td>STRONG (15-25 mph)</td>
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<tr>
<td></td>
<td></td>
<td>VERY ROUGH (waves &gt;6&quot;)</td>
<td>STORM (over 25 mph)</td>
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<tr>
<th>TYPE OF ACCIDENT (CHECK ALL THAT APPLY)</th>
<th>CAUSE OF ACCIDENT (CHECK ALL THAT APPLY)</th>
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<tbody>
<tr>
<td>CAPSIZING</td>
<td>FIRE / EXPLOSION (fuel)</td>
</tr>
<tr>
<td>COLLISION WITH VESSEL</td>
<td>FIRE / EXPLOSION (other than fuel)</td>
</tr>
<tr>
<td>COLLISION WITH FIXED OBJECT</td>
<td>FLOODING / SWAMPING</td>
</tr>
<tr>
<td>COLLISION WITH FLOATING OBJECT</td>
<td>SINKING</td>
</tr>
<tr>
<td>FALL OVERBOARD</td>
<td>STRUCK BY BOAT / PROPELLER</td>
</tr>
<tr>
<td>FALL IN BOAT</td>
<td>SKIER MISHAP</td>
</tr>
<tr>
<td>OTHER</td>
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<tr>
<th>VICTIM OR WITNESS INFORMATION</th>
<th>VICTIM / WITNESS NAME &amp; ADDRESS</th>
<th>VICTIM / WITNESS STATUS</th>
<th>RISING IN VESSEL #</th>
<th>AGE</th>
<th>INJURY DESCRIPTION</th>
<th>CAUSE OF DEATH</th>
<th>COULD VICTIM SWIM?</th>
<th>LIFE JACKET WORN?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>INJURED</td>
<td>DEAD</td>
<td>WITNESS ONLY</td>
<td>DROWNING</td>
<td>TRADEMA</td>
<td>OTHER</td>
<td>YES</td>
<td>NO</td>
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