

# VESSEL ACCIDENT REPORT

AGENCY NAME TAKING REPORT	NO INJURED	NO KILLED	AGENCY REPORT NUMBER
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<b>LOCATION</b>	WATERBODY ACCIDENT OCCURRED ON	NEAREST CITY OR TOWN	MONTH	DAY	YEAR	TIME (2400)
	COUNTY ACCIDENT OCCURRED IN	NEAREST LANDMARK (NAVIGATION AID) FEET/MILES OF			INVESTIGATED BY PHONE	
	LATITUDE/LONGITUDE THAT ACCIDENT OCCURRED					

<b>PARTY #1</b>	NAME (FIRST, MIDDLE, LAST)			STREET / MAILING ADDRESS			
	<b>OPERATOR</b> <input type="checkbox"/>	IDENTIFICATION	DOB / AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITY	STATE	ZIP
<b>SWIMMER</b> <input type="checkbox"/>	VESSEL YEAR	MAKE / MODEL / LENGTH		VESSEL NUMBER (CF OR DOC)	VESSEL NAME	ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> WORKBOAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER_____	
<b>MOORED VESSEL</b> <input type="checkbox"/>	HULL IDENTIFICATION NUMBER <input type="checkbox"/> NONE			HORSEPOWER	RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER'S NAME	<input type="checkbox"/> SAME PHONE ( )
<b>OTHER</b> <input type="checkbox"/>	DIRECTION OF TRAVEL	# PERSONS ON BOARD	MARINA/RAMP LAUNCHED FROM:	VESSEL DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> MODERATE <input type="checkbox"/> TOTAL		OWNER'S STREET / MAILING ADDRESS <input type="checkbox"/> SAME	
	EST. SPEED	DISPOSITION OF VESSEL		OTHER:	ESTIMATED DAMAGE \$ <input type="checkbox"/> NONE	CITY	STATE ZIP

<b>PARTY #2</b>	NAME (FIRST, MIDDLE, LAST)			STREET / MAILING ADDRESS			
	<b>OPERATOR</b> <input type="checkbox"/>	IDENTIFICATION	DOB / AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITY	STATE	ZIP
<b>SWIMMER</b> <input type="checkbox"/>	VESSEL YEAR	MAKE / MODEL / LENGTH		VESSEL NUMBER (CF OR DOC)	VESSEL NAME	ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> WORKBOAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER_____	
<b>MOORED VESSEL</b> <input type="checkbox"/>	HULL IDENTIFICATION NUMBER <input type="checkbox"/> NONE			HORSEPOWER	RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER'S NAME	<input type="checkbox"/> SAME PHONE ( )
<b>OTHER</b> <input type="checkbox"/>	DIRECTION OF TRAVEL	# PERSONS ON BOARD	MARINA/RAMP LAUNCHED FROM:	VESSEL DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> MODERATE <input type="checkbox"/> TOTAL		OWNER'S STREET / MAILING ADDRESS <input type="checkbox"/> SAME	
	EST. SPEED	DISPOSITION OF VESSEL		OTHER:	ESTIMATED DAMAGE \$ <input type="checkbox"/> NONE	CITY	STATE ZIP

<b>OTHER PROPERTY</b>	DESCRIPTION OF DAMAGE						ESTIMATED DAMAGE \$ <input type="checkbox"/> NONE
	OWNER'S NAME	ADDRESS	STATE	ZIP	PHONE ( )	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>INJURED/DECEASED/WITNESS</b>	VICTIM / WITNESS NAME, ADDRESS & PHONE	VICTIM / WITNESS STATUS	RIDING IN VESSEL #	DOB/ AGE	INJURY DESCRIPTION	LIFE JACKET WORN?	COULD VICTIM SWIM?
		<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> PASSENGER ONLY <input type="checkbox"/> WITNESS ONLY			TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
		<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> PASSENGER ONLY <input type="checkbox"/> WITNESS ONLY			TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN

	WAS A CITATION ISSUED? OPERATOR 1 <input type="checkbox"/> YES <input type="checkbox"/> NO OPERATOR 2 <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY CITATION(S) _____  WAS A WARNING ISSUED IN LIEU OF A CITATION? OPERATOR 1 <input type="checkbox"/> YES <input type="checkbox"/> NO OPERATOR 2 <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY WARNING(S) _____
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CALIFORNIA STATE PARKS  
 DIVISION OF BOATING AND WATERWAYS  
 ACCIDENT UNIT  
 P.O. BOX 942896  
 SACRAMENTO, CA 94296-0001

# VESSEL ACCIDENT REPORT

WEATHER	WATER CONDITIONS	WAVE SIZE	WIND	LIGHTING	VISIBILITY
<input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HAZY	<input type="checkbox"/> CALM <input type="checkbox"/> CHOPPY <input type="checkbox"/> ROUGH <input type="checkbox"/> VERY ROUGH	<input type="checkbox"/> LESS THAN 6" <input type="checkbox"/> 6" – 2' <input type="checkbox"/> 2' – 6' <input type="checkbox"/> > 6'	<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 (25 mph & over)	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DUSK OR DAWN <input type="checkbox"/> ARTIFICIAL LIGHT <input type="checkbox"/> OTHER (specify)	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR TEMPERATURE WATER                      AIR

TYPE OF ACCIDENT	CAUSE OF ACCIDENT	OPERATION AT TIME OF ACCIDENT	SOBRIETY / DRUG
<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"/> FIRE / EXPLOSION (fuel) <input type="checkbox"/> FIRE / EXPLOSION (other than fuel) <input type="checkbox"/> FLOODING / SWAMPING <input type="checkbox"/> GROUNDING <input type="checkbox"/> SINKING <input type="checkbox"/> STRUCK BY BOAT / PROPELLER <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> OTHER:	#1 #2 <input type="checkbox"/> <input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION <input type="checkbox"/> <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> <input type="checkbox"/> OFF-THROTTLE STEERING INABILITY <input type="checkbox"/> <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> <input type="checkbox"/> OVERLOADING <input type="checkbox"/> <input type="checkbox"/> HAZARDOUS WEATHER / WATER <input type="checkbox"/> <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> <input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR <input type="checkbox"/> <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> OTHER:	#1 #2 <input type="checkbox"/> <input type="checkbox"/> CRUISING <input type="checkbox"/> <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> <input type="checkbox"/> TOWING SKIER - SKIER DOWN <input type="checkbox"/> <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL <input type="checkbox"/> <input type="checkbox"/> DRIFTING <input type="checkbox"/> <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> <input type="checkbox"/> LAUNCHING <input type="checkbox"/> <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> <input type="checkbox"/> SAILING <input type="checkbox"/> <input type="checkbox"/> OTHER (specify)	#1 #2 <input type="checkbox"/> <input type="checkbox"/> HAD NOT BEEN DRINKING <input type="checkbox"/> <input type="checkbox"/> HBD NOT UNDER INFLUENCE <input type="checkbox"/> <input type="checkbox"/> HBD UNDER INFLUENCE <input type="checkbox"/> <input type="checkbox"/> HBD IMPAIRMENT UNKNOWN <input type="checkbox"/> <input type="checkbox"/> UNDER DRUG INFLUENCE <input type="checkbox"/> <input type="checkbox"/> OTHER PHYSICAL IMPAIRMENT <input type="checkbox"/> <input type="checkbox"/> IMPAIRMENT UNKNOWN <input type="checkbox"/> <input type="checkbox"/> NO OPERATOR SOBRIETY TESTING HOW WAS SOBRIETY DETERMINED? <input type="checkbox"/> <input type="checkbox"/> VISUAL OBSERVATION <input type="checkbox"/> <input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> <input type="checkbox"/> BREATH TEST <input type="checkbox"/> <input type="checkbox"/> URINE/BLOOD <input type="checkbox"/> <input type="checkbox"/> OTHER: _____

VESSEL TYPE	HULL MATERIAL	PROPULSION	ENGINE	TYPE OF FUEL	OPERATOR EDUCATION
#1 #2 <input type="checkbox"/> <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> <input type="checkbox"/> PERSONAL WATER CRAFT <input type="checkbox"/> <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> <input type="checkbox"/> PONTOON <input type="checkbox"/> <input type="checkbox"/> INFLATABLE <input type="checkbox"/> <input type="checkbox"/> SAILBOAT (aux engine) <input type="checkbox"/> <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> <input type="checkbox"/> RAFT <input type="checkbox"/> <input type="checkbox"/> ROWBOAT <input type="checkbox"/> <input type="checkbox"/> OTHER (specify)	#1 #2 <input type="checkbox"/> <input type="checkbox"/> WOOD <input type="checkbox"/> <input type="checkbox"/> ALUMINUM <input type="checkbox"/> <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> <input type="checkbox"/> PLASTIC <input type="checkbox"/> <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> <input type="checkbox"/> OTHER (specify)	#1 #2 <input type="checkbox"/> <input type="checkbox"/> PROPELLER <input type="checkbox"/> <input type="checkbox"/> SAIL <input type="checkbox"/> <input type="checkbox"/> MANUAL <input type="checkbox"/> <input type="checkbox"/> WATER JET <input type="checkbox"/> <input type="checkbox"/> AIR THRUST <input type="checkbox"/> <input type="checkbox"/> OTHER (specify)	#1 #2 <input type="checkbox"/> <input type="checkbox"/> OUTBOARD <input type="checkbox"/> <input type="checkbox"/> INBOARD <input type="checkbox"/> <input type="checkbox"/> STERNDRIVE (I/O) <input type="checkbox"/> <input type="checkbox"/> NONE -- # OF ENGINES	VESSEL 1 _____ VESSEL 2 _____	#1 #2 <input type="checkbox"/> <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> <input type="checkbox"/> STATE COURSE <input type="checkbox"/> <input type="checkbox"/> INFORMAL <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER: _____ OPERATOR EXPERIENCE <input type="checkbox"/> <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> <input type="checkbox"/> OVER 100 HOURS
			LIFE JACKETS ONBOARD		
			LIFE JACKETS ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO                      VESSEL #1                      VESSEL #2 WERE THEY ACCESSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		
			FIRE EXTINGUISHERS		
			WAS FIRE FIGHTING EQUIPMENT ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO                      VESSEL #1                      VESSEL #2 WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO		

ACCIDENT NARRATIVE

REPORT NUMBER	INVESTIGATED BY (NAME, RANK)	ID NUMBER	REVIEWED BY
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