

VESSEL ACCIDENT REPORT

STATE OF CALIFORNIA, NATURAL RESOURCES AGENCY
DEPARTMENT OF PARKS AND RECREATION

DIV. OF BOATING AND WATERWAYS PAGE 1 OF

AGENCY NAME TAKING REPORT				NO INJURED	NO KILLED	AGENCY REPORT NUMBER				
LOCATION	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									
PARTY #1	NAME (FIRST, MIDDLE, LAST)				STREET / MAILING ADDRESS					
	IDENTIFICATION		DOB / AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITY	STATE	ZIP	PHONE ()		
	<input type="checkbox"/> OPERATOR	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_____			
	<input type="checkbox"/> SWIMMER	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 ()		
	<input type="checkbox"/> MOORED VESSEL	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			
<input type="checkbox"/> OTHER	EST. SPEED	DISPOSITION OF VESSEL		OTHER:	ESTIMATED DAMAGE \$ <input type="checkbox"/> NONE	CITY	STATE ZIP			
PARTY #2	NAME (FIRST, MIDDLE, LAST)				STREET / MAILING ADDRESS					
	IDENTIFICATION		DOB / AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITY	STATE	ZIP	PHONE ()		
	<input type="checkbox"/> OPERATOR	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_____			
	<input type="checkbox"/> SWIMMER	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 ()		
	<input type="checkbox"/> MOORED VESSEL	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			
<input type="checkbox"/> OTHER	EST. SPEED	DISPOSITION OF VESSEL		OTHER:	ESTIMATED DAMAGE \$ <input type="checkbox"/> NONE	CITY	STATE ZIP			
OTHER PROPERTY	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			
INJURED/DECEASED/WITNESS	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) _____					<input type="checkbox"/> CALIFORNIA STATE PARKS DIVISION OF BOATING AND WATERWAYS ACCIDENT UNIT P.O. BOX 942896 SACRAMENTO, CA 94296-0001					

VESSEL ACCIDENT REPORT - Cont.

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									
<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 WERE THEY ACCESSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ACTIVITY								FIRE EXTINGUISHERS			
		#1 #2 <input type="checkbox"/> <input type="checkbox"/> WATER SKIING <input type="checkbox"/> <input type="checkbox"/> WHITEWATER ACTIVITY <input type="checkbox"/> <input type="checkbox"/> WAKE BOARDING <input type="checkbox"/> <input type="checkbox"/> FUELING <input type="checkbox"/> <input type="checkbox"/> TUBING <input type="checkbox"/> <input type="checkbox"/> HUNTING <input type="checkbox"/> <input type="checkbox"/> FISHING <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/> RACING										VESSEL #1 VESSEL #2 WAS FIRE FIGHTING EQUIPMENT ON BOARD? <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	
ACCIDENT NARRATIVE													
REPORT NUMBER			INVESTIGATED BY (NAME, RANK)				ID NUMBER		REVIEWED BY				