

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	OPERATOR EXPERIENCE	OPERATOR EDUCATION
	OWNER NAME AND ADDRESS	<input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	<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	LIFE JACKETS WORN <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"/> SAIL BOAT (aux. engine) <input type="checkbox"/> SAIL BOAT (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) _____	PROPELLSION <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

INFORMATION: OPERATOR #2

OPERATOR NAME AND ADDRESS	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR EXPERIENCE	OPERATOR EDUCATION
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