

CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA STATE PARKS, DIVISION 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 California State Parks, Division of Boating and Waterways, Accident Unit at P.O. Box 942896, Sacramento, California 94296-0001, (916) 327-1826. 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 (M/D/Y)	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY	STATE	BODY OF WATER	NEAREST CITY OR TOWN
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LOCATION ON WATER	LATITUDE/LONGITUDE ACCIDENT OCCURRED: N _____ W _____
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# INJURED	# DEAD	TOTAL \$\$	LAW ENFORCEMENT ON ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY NAME
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TEMPERATURE WATER _____ AIR _____	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)	FORECAST AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO USED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WEATHER (CHECK ALL THAT APPLY) <input type="checkbox"/> CAPSIZING <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HAZY		WEATHER FORECAST BEFORE VOYAGE AVAILABLE USED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO DURING VOYAGE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO AFTER VOYAGE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	
		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"/> GROUNDING <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"/> OTHER: _____	CAUSE OF ACCIDENT (CHECK ALL THAT APPLY) #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"/> IMPROPER LOADING <input type="checkbox"/> <input type="checkbox"/> OVERLOADING <input type="checkbox"/> <input type="checkbox"/> EQUIPMENT FAILURE (DESCRIBE): <input type="checkbox"/> <input type="checkbox"/> HAZARDOUS WEATHER/WATER <input type="checkbox"/> <input type="checkbox"/> RESTRICTED VERSION <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"/> OFF-THROTTLE STEERING INABILITY <input type="checkbox"/> <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> <input type="checkbox"/> OTHER: _____	ACTIVITY AT TIME OF ACCIDENT #1 #2 <input type="checkbox"/> <input type="checkbox"/> WATER SKIING <input type="checkbox"/> <input type="checkbox"/> WAKE BOARDING <input type="checkbox"/> <input type="checkbox"/> TUBING <input type="checkbox"/> <input type="checkbox"/> FISHING <input type="checkbox"/> <input type="checkbox"/> RACING <input type="checkbox"/> <input type="checkbox"/> WHITEWATER ACTIVITY <input type="checkbox"/> <input type="checkbox"/> FUELING <input type="checkbox"/> <input type="checkbox"/> HUNTING <input type="checkbox"/> <input type="checkbox"/> OTHER: _____ DID DRUGS OR ALCOHOL CONTRIBUTE TO THE ACCIDENT? ALCOHOL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN IF YOU MARKED "YES," PLEASE PROVIDE DETAILS IN NARRATIVE.
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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.)

OTHER PROPERTY
(Damage to items other than vessels)

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

VICTIM/WITNESS NAME/ADDRESS/PHONE	VICTIM/WITNESS STATUS	RIDING IN VESSEL #	DATE OF BIRTH/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

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INFORMATION: OPERATOR #1

OPERATOR NAME, ADDRESS, PHONE #	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 <input type="checkbox"/> OTHER: _____
AGE	MARINA/RAMP LAUNCHED FROM:		

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	DEPTH (TRANS. TO KEEL)	BEAM WIDTH	LENGTH	
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	SPEED AT TIME OF ACCIDENT _____MPH	# OF ENGINES	HORSE POWER	
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	TYPE OF FIRE EXTINGUISHER # ONBOARD	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"/> PONTOON <input type="checkbox"/> INFLATABLE <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"/> AIRBOAT <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/CANVAS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (specify) _____		PROPULSION (select all that apply) <input type="checkbox"/> PROPELLER <input type="checkbox"/> SAIL <input type="checkbox"/> MANUAL <input type="checkbox"/> WATER JET <input type="checkbox"/> AIR THRUST <input type="checkbox"/> OTHER (describe) _____ ENGINE TYPE (select one) <input type="checkbox"/> OUTBOARD <input type="checkbox"/> STERNDRIVE (I/O) <input type="checkbox"/> INBOARD <input type="checkbox"/> POD DRIVE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____ TOTAL HORSEPOWER: _____ HP		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) _____		TYPE OF FUEL <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER: _____

INFORMATION: OPERATOR #2

OPERATOR NAME, ADDRESS, PHONE #	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 <input type="checkbox"/> OTHER: _____
AGE	MARINA/RAMP LAUNCHED FROM:		

INFORMATION: VESSEL #2

(OTHER VESSEL INVOLVED)

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	DEPTH (TRANS. TO KEEL)	BEAM WIDTH	LENGTH	
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	SPEED AT TIME OF ACCIDENT _____MPH	# OF ENGINES	HORSE POWER	
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	TYPE OF FIRE EXTINGUISHER # ONBOARD	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"/> PONTOON <input type="checkbox"/> INFLATABLE <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"/> AIRBOAT <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/CANVAS <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (specify) _____		PROPULSION (select all that apply) <input type="checkbox"/> PROPELLER <input type="checkbox"/> SAIL <input type="checkbox"/> MANUAL <input type="checkbox"/> WATER JET <input type="checkbox"/> AIR THRUST <input type="checkbox"/> OTHER (describe) _____ ENGINE TYPE (select one) <input type="checkbox"/> OUTBOARD <input type="checkbox"/> STERNDRIVE (I/O) <input type="checkbox"/> INBOARD <input type="checkbox"/> POD DRIVE <input type="checkbox"/> NONE <input type="checkbox"/> OTHER: _____ TOTAL HORSEPOWER: _____ HP		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) _____		TYPE OF FUEL <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER: _____

PERSON COMPLETING THE REPORT

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