

VESSEL ACCIDENT REPORT

AGENCY NAME TAKING REPORT	NO INJURED	NO KILLED	AGENCY REPORT NUMBER
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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				
	<input type="checkbox"/> OPERATOR	IDENTIFICATION	DOB / AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITY	STATE	ZIP	PHONE ()
	<input type="checkbox"/> SWIMMER	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"/> MOORED VESSEL	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"/> OTHER	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	

PARTY #2	NAME (FIRST, MIDDLE, LAST)			STREET / MAILING ADDRESS				
	<input type="checkbox"/> OPERATOR	IDENTIFICATION	DOB / AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITY	STATE	ZIP	PHONE ()
	<input type="checkbox"/> SWIMMER	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"/> MOORED VESSEL	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"/> OTHER	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	

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) _____

CALIFORNIA STATE PARKS
 DIVISION OF BOATING AND WATERWAYS
 ACCIDENT UNIT
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