

IMPORTANT—It is mandatory that all items be completed when the information is available.

### CALIFORNIA BOATING ACCIDENT REPORT

THE OPERATOR OF EVERY RECREATIONAL VESSEL IS REQUIRED BY SECTION 856 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 TREATMENT BEYOND FIRST AID, TOTAL PROPERTY DAMAGE IN EXCESS OF \$500, OR COMPLETE LOSS OF A VESSEL. REPORTS MUST BE SUBMITTED WITHIN FORTY-EIGHT (48) HOURS IN CASE OF DEATH OCCURRING WITHIN 24 HOURS OF THE ACCIDENT, DISAPPEARANCE, OR INJURY THAT REQUIRES MEDICAL TREATMENT BEYOND FIRST AID. ALL OTHER REPORTABLE ACCIDENTS MUST BE SUBMITTED IN WRITING WITHIN TEN (10) DAYS. REPORTS ARE TO BE SUBMITTED TO THE DEPARTMENT OF BOATING AND WATERWAYS, 1629 S STREET, SACRAMENTO, CA 95814-7291, (916) 322-1833. FAILURE TO SUBMIT THIS REPORT AS REQUIRED IS A MISDEMEANOR AND IS PUNISHABLE BY A FINE NOT TO EXCEED ONE THOUSAND DOLLARS (\$1,000), OR IMPRISONMENT NOT TO EXCEED SIX (6) MONTHS, OR BOTH.

COMPLETE ALL BLOCKS (PRINT OR TYPE ALL INFORMATION. INDICATE THOSE NOT APPLICABLE BY "NA." THOSE UNKNOWN BY "UN.")

1. OPERATOR'S NAME AND ADDRESS AGE _____		2. RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	3. OPERATOR'S EXPERIENCE THIS TYPE OF BOAT <input type="checkbox"/> UNDER 20 HOURS <input type="checkbox"/> 20 TO 100 HOURS <input type="checkbox"/> 100 TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS OTHER BOAT OPERATING EXPERIENCE <input type="checkbox"/> UNDER 20 HOURS <input type="checkbox"/> 20 TO 100 HOURS <input type="checkbox"/> 100 TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS	
HOME PHONE ( ) WORK PHONE ( )		4. OWNER'S NAME AND ADDRESS HOME PHONE ( ) WORK PHONE ( )		5. NUMBER OF PERSONS ON BOARD 6. NUMBER OF PERSONS TOWED (I.E. SKIING ETC.)
7. FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> NONE <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> STATE <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> OTHER (SPECIFY)				

#### VESSEL NO. 1 (YOUR VESSEL)

8. BOAT NUMBER	9. BOAT NAME	10. BOAT MANUFACTURER	11. BOAT MODEL	12. MFGR. HULL IDENT. NO.
13. TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> RAFT <input type="checkbox"/> CANOE <input type="checkbox"/> KAYAK <input type="checkbox"/> JET SKI/WETBIKE <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (SPECIFY)	14. HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER (SPECIFY)	15. PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD-OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL <input type="checkbox"/> PADDLE/OARS <input type="checkbox"/> OTHER (SPECIFY) TYPE OF FUEL _____	16. BOAT DATA NUMBER OF ENGINES _____ LENGTH _____ MAKE OF ENGINE _____ BEAM (WIDTH) _____ HORSEPOWER (TOTAL) _____ DEPTH (TOP OF INNER TRANSDOM TO KEEL) _____ YEAR BUILT (ENGINE) _____ YEAR BUILT (BOAT) _____	
17. PRIMARY BOAT USE <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FOR-HIRE <input type="checkbox"/> WORK BOAT			18. PREVIOUS ACCIDENTS INVOLVING THIS BOAT DATES _____	

#### VESSEL NO. 2 (OTHER VESSEL INVOLVED)

19. BOAT NUMBER	20. BOAT NAME	21. BOAT MANUFACTURER	22. BOAT MODEL	23. MFGR. HULL IDENT. NO.
24. NAME OF OPERATOR AGE _____ HOME PHONE ( ) WORK PHONE ( )		25. ADDRESS		
26. NAME OF OWNER HOME PHONE ( ) WORK PHONE ( )		27. ADDRESS		

#### WITNESSES

NAME	AGE _____	ADDRESS	TELEPHONE NUMBER ( )
NAME	AGE _____	ADDRESS	TELEPHONE NUMBER ( )
NAME	AGE _____	ADDRESS	TELEPHONE NUMBER ( )

#### ACCIDENT DATE AND LOCATION

29. DATE OF ACCIDENT	30. TIME ____ AM ____ PM	31. NAME OF BODY OF WATER	33. LOCATION (AS PRECISELY AS POSSIBLE)
		32. LAST PORT OF CALL	
34. STATE	35. NEAREST CITY OR TOWN	36. COUNTY	

#### ENVIRONMENTAL CONDITIONS

37. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> HAZY	38. WATER CONDITIONS <input type="checkbox"/> CALM <input type="checkbox"/> CHOPPY <input type="checkbox"/> ROUGH <input type="checkbox"/> VERY ROUGH <input type="checkbox"/> STRONG CURRENT	39. TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	40. WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0 TO 6 MPH) <input type="checkbox"/> MODERATE (7 TO 14 MPH) <input type="checkbox"/> STRONG (15 TO 25 MPH) <input type="checkbox"/> STORM (25 MPH AND OVER)	41. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	42. WEATHER ENCOUNTERED <input type="checkbox"/> WAS AS FORECAST <input type="checkbox"/> NOT AS FORECAST <input type="checkbox"/> FORECAST NOT OBTAINED
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THIS CONFIDENTIAL REPORT IS USED IN RESEARCH FOR THE PREVENTION OF ACCIDENTS.

A-1 (REV. 11-83)

AND A COPY IS FORWARDED TO THE UNITED STATES COAST GUARD.

(COMPLETE BOTH SIDES)

**ACCIDENT DATA**

<p><b>43. OPERATION AT TIME OF ACCIDENT</b></p> <p>(CHECK ALL APPLICABLE)</p> <p><input type="checkbox"/> CRUISING      <input type="checkbox"/> DRIFTING</p> <p><input type="checkbox"/> MANEUVERING      <input type="checkbox"/> AT ANCHOR</p> <p><input type="checkbox"/> WATER SKIING      <input type="checkbox"/> TIED TO DOCK</p> <p><input type="checkbox"/> TOWING      <input type="checkbox"/> OTHER (USE ITEM 48)</p> <p><input type="checkbox"/> ACCELERATING</p>	<p><b>44. TYPE OF ACCIDENT</b></p> <p><input type="checkbox"/> GROUNDING      <input type="checkbox"/> COLLISION WITH FIXED OBJECT</p> <p><input type="checkbox"/> CAPSIZING      <input type="checkbox"/> COLLISION WITH FLOATING OBJECT</p> <p><input type="checkbox"/> FLOODING      <input type="checkbox"/> FALL OVERBOARD</p> <p><input type="checkbox"/> SINKING      <input type="checkbox"/> FALL IN BOAT</p> <p><input type="checkbox"/> FIRE OR EXPLOSION (FUEL)      <input type="checkbox"/> PERSON(S) HIT BY BOAT OR PROPELLER</p> <p><input type="checkbox"/> FIRE OR EXPLOSION (OTHER THAN FUEL)      <input type="checkbox"/> OTHER (USE ITEM 48)</p> <p><input type="checkbox"/> VESSEL(S) COLLISION</p>	<p><b>45. IN YOUR OPINION, CAUSE OF ACCIDENT</b></p> <p><input type="checkbox"/> WEATHER CONDITIONS      <input type="checkbox"/> RESTRICTED VISION</p> <p><input type="checkbox"/> EXCESSIVE SPEED      <input type="checkbox"/> FAULT OF HULL</p> <p><input type="checkbox"/> NO PROPER LOOKOUT      <input type="checkbox"/> FAULT OF MACHINERY</p> <p><input type="checkbox"/> OVERLOADING      <input type="checkbox"/> FAULT OF EQUIPMENT</p> <p><input type="checkbox"/> IMPROPER LOADING      <input type="checkbox"/> FATIGUE</p> <p><input type="checkbox"/> HAZARDOUS WATERS      <input type="checkbox"/> OTHER (SPECIFY)</p> <p><input type="checkbox"/> ALCOHOL      <input type="checkbox"/> DRUGS</p>
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<p><b>46. PERSONAL FLOTATION DEVICES (PFD)</b></p> <p>WAS THE BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PERSONAL FLOTATION DEVICES?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>WERE THEY ACCESSIBLE?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>WERE THEY USED?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p>WAS THE VESSEL CARRYING NONAPPROVED LIFESAVING DEVICES?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>WERE THEY ACCESSIBLE?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>WERE THEY USED?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>	<p><b>47. FIRE EXTINGUISHERS</b></p> <p>WAS APPROVED TYPE FIRE FIGHTING EQUIPMENT ABOARD?      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p>WERE THEY USED? (IF "YES", LIST TYPE(S) AND NUMBER)      <input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
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**48. ACCIDENT DESCRIPTION**

DESCRIBE WHAT HAPPENED AND WHAT COULD HAVE PREVENTED THIS ACCIDENT. (INCLUDE FAILURE OF EQUIPMENT. EXPLAIN CAUSE OF DEATH OR INJURY, MEDICAL TREATMENT, ETC. USE SKETCH IF HELPFUL. IF NEEDED, CONTINUE DESCRIPTION ON ADDITIONAL PAPER.)

<p><b>49. POLICE REPORT TAKEN?</b></p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      AGENCY NAME: _____</p>	<p><b>TELEPHONE NUMBER</b></p> <p>( ) _____</p>
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50. DECEASED				
NAME	ADDRESS	DATE OF BIRTH	VICTIM WAS— <input type="checkbox"/> SWIMMER <input type="checkbox"/> NON-SWIMMER	CAUSE OF DEATH <input type="checkbox"/> DROWNING <input type="checkbox"/> DISAPPEARANCE <input type="checkbox"/> OTHER (USE ITEM 48.)
			<input type="checkbox"/> DRINKING ALCOHOL <input type="checkbox"/> USING DRUGS	
NAME	ADDRESS	DATE OF BIRTH	VICTIM WAS— <input type="checkbox"/> SWIMMER <input type="checkbox"/> NON-SWIMMER	CAUSE OF DEATH <input type="checkbox"/> DROWNING <input type="checkbox"/> DISAPPEARANCE <input type="checkbox"/> OTHER (USE ITEM 48.)
			<input type="checkbox"/> DRINKING ALCOHOL <input type="checkbox"/> USING DRUGS	

51. INJURED (UNCONSCIOUS, GIVEN MEDICAL TREATMENT OR DISABLED OVER 24 HOURS)				
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY INJURED WAS— <input type="checkbox"/> DRINKING ALCOHOL <input type="checkbox"/> USING DRUGS	<input type="checkbox"/> RECEIVED TREATMENT <input type="checkbox"/> INCAPACITATED OVER 24 HOURS
TELEPHONE NUMBER ( )				
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY INJURED WAS— <input type="checkbox"/> DRINKING ALCOHOL <input type="checkbox"/> USING DRUGS	<input type="checkbox"/> RECEIVED TREATMENT <input type="checkbox"/> INCAPACITATED OVER 24 HOURS
TELEPHONE NUMBER ( )				

**52. PROPERTY DAMAGE (ESTIMATE AND DESCRIBE)**

THIS BOAT \$ \_\_\_\_\_

TOTALLY DESTROYED       YES       NO      OTHER BOAT \$ \_\_\_\_\_      TOTAL BOTH BOATS \$ \_\_\_\_\_      OTHER PROPERTY \$ \_\_\_\_\_

53. PERSON COMPLETING REPORT		
SIGNATURE OF PERSON COMPLETING REPORT	ADDRESS	DATE SUBMITTED
QUALIFICATION (CHECK ONE) <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER		TELEPHONE NUMBER
OTHER (SPECIFY)		( ) _____

SEND TO: DEPARTMENT OF BOATING AND WATERWAYS, 1629 S STREET, SACRAMENTO, CA 95814-7291