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 six months or both.

DATE OF ACCIDENT (M/D/Y)	TIME OF ACCIDENT	COUNTY	STATE	BODY OF WATER	NEAREST CITY OR TOWN
	☐ AM ☐ PM				

LOCATION ON WATER

LATITUDE/LONGITUDE ACCIDENT OCCURRED:
N W

# INJURED	# DEAD	TOTAL $$	LAW ENFORCEMENT ON ACCIDENT SCENE?	AGENCY NAME
			☐ YES ☐ NO	

TEMPERATURE
WATER AIR

WEATHER (CHECK ALL THAT APPLY)
- ☐ CLEAR
- ☐ CLOUDY
- ☐ FOG
- ☐ RAIN
- ☐ SNOW
- ☐ HAZY

WATER CONDITIONS
- ☐ CALM (Waves less than 6")
- ☐ CHOPPY (Waves 6"-2')
- ☐ ROUGH (Waves 2'-6')
- ☐ VERY ROUGH (Waves >6')

WIND CONDITIONS
- ☐ NONE
- ☐ LIGHT (0-6 MPH)
- ☐ MODERATE (7-14 MPH)
- ☐ STRONG (15-25 MPH)
- ☐ STORM (OVER 25 MPH)

FORECAST AVAILABLE? ☐ YES ☐ NO USED? ☐ YES ☐ NO

WEATHER FORECAST

	AVAILABLE		USED	
BEFORE VOYAGE	☐ YES	☐ NO	☐ YES	☐ NO
DURING VOYAGE	☐ YES	☐ NO	☐ YES	☐ NO
AFTER VOYAGE	☐ YES	☐ NO	☐ YES	☐ NO

VISIBILITY
☐ GOOD ☐ FAIR ☐ POOR

STRONG CURRENT
☐ YES ☐ NO

TYPE OF ACCIDENT (CHECK ALL THAT APPLY)
- ☐ CAPSIZING
- ☐ COLLISION WITH VESSEL
- ☐ COLLISION WITH FIXED OBJECT
- ☐ COLLISION WITH FLOATING OBJECT
- ☐ FALL OVERBOARD
- ☐ FALL IN BOAT
- ☐ GROUNDING
- ☐ FIRE/EXPLOSION (fuel)
- ☐ FIRE/EXPLOSION (other than fuel)
- ☐ FLOODING/SWAMPING
- ☐ SINKING
- ☐ STRUCK BY BOAT/PROPELLER
- ☐ SKIER MISHAP
- ☐ OTHER: _____

CAUSE OF ACCIDENT (CHECK ALL THAT APPLY)
#1 #2 (See back of sheet for vessel number)
- ☐ ☐ IMPROPER LOOKOUT/INATTENTION
- ☐ ☐ OPERATOR INEXPERIENCE
- ☐ ☐ EXCESSIVE SPEED
- ☐ ☐ MACHINERY FAILURE
- ☐ ☐ IMPROPER LOADING
- ☐ ☐ OVERLOADING
- ☐ ☐ EQUIPMENT FAILURE (DESCRIBE):
- ☐ ☐ HAZARDOUS WEATHER/WATER
- ☐ ☐ RESTRICTED VISION
- ☐ ☐ IGNITION OF SPILLED FUEL/VAPOR
- ☐ ☐ IMPROPER ANCHORING
- ☐ ☐ OFF-THROTTLE STEERING INABILITY
- ☐ ☐ FAILURE TO VENT
- ☐ ☐ OTHER: _____

ACTIVITY AT TIME OF ACCIDENT
#1 #2 (See back of sheet for vessel number)
- ☐ ☐ WATER SKIING
- ☐ ☐ WAKE BOARDING
- ☐ ☐ TUBING
- ☐ ☐ FISHING
- ☐ ☐ RACING
- ☐ ☐ WHITEWATER ACTIVITY
- ☐ ☐ FUELING
- ☐ ☐ HUNTING
- ☐ ☐ OTHER: _____

DID DRUGS OR ALCOHOL CONTRIBUTE TO THE ACCIDENT?

ALCOHOL ☐ YES ☐ NO ☐ UNKNOWN
DRUGS ☐ YES ☐ NO ☐ UNKNOWN
IF YOU MARKED "YES," PLEASE PROVIDE DETAILS IN NARRATIVE.

DESCRIBE WHAT HAPPENED AND WHAT YOU COULD HAVE DONE TO PREVENT THIS ACCIDENT

(Use sketch if helpful. Explain the cause of death or injury, medical treatment, etc. If needed, continue description on additional paper.)

OTHER PROPERTY

(Damage to items other than vessels)

DESCRIPTION OF DAMAGE	ESTIMATED DAMAGE $$ ☐ NONE

OWNER'S NAME	ADDRESS	STATE	ZIP	PHONE	NOTIFIED
				( )	☐ YES ☐ NO

VICTIM OR WITNESS INFORMATION

VICTIM/WITNESS NAME/ADDRESS/PHONE	VICITM/WITNESS STATUS	RIDING IN VESSEL #	DATE OF BIRTH/AGE	INJURY DESCRIPTION	CAUSE OF DEATH	COULD VICTIM SWIM?	LIFE JACKET WORN?
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO

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CALIFORNIA STATE PARKS DIVISION OF BOATING AND WATERWAYS

INFORMATION: OPERATOR #1

OPERATOR NAME, ADDRESS, PHONE #

IS OWNER DIFFERENT THAN OPERATOR? ☐ YES ☐ NO

OWNER NAME AND ADDRESS

OPERATOR EXPERIENCE
- ☐ UNDER 10 HOURS
- ☐ 10 TO 100 HOURS
- ☐ OVER 100 HOURS

OPERATOR EDUCATION
- ☐ AMERICAN RED CROSS
- ☐ USCG AUXILARY
- ☐ US POWER SQUADRON
- ☐ STATE COURSE
- ☐ INFORMAL
- ☐ NONE
- ☐ OTHER: _____

AGE

MARINA/RAMP LAUNCHED FROM:

INFORMATION: VESSEL #1 *(YOUR VESSEL)*

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT ☐ YES ☐ 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
- ☐ RECREATIONAL
- ☐ COMMERCIAL
- ☐ OTHER

FIRE EXTINGUISHER ON BOARD ☐ YES ☐ NO

TYPE OF FIRE EXTINGUISHER

ONBOARD

FIRE EXTINGUISHER USED ☐ YES ☐ NO

LIFE JACKETS ON BOARD ☐ YES ☐ NO

LIFE JACKETS ACCESSIBLE ☐ YES ☐ NO

LIFE JACKETS WORN ☐ YES ☐ NO

TYPE OF BOAT
- ☐ OPEN MOTORBOAT
- ☐ CABIN MOTORBOAT
- ☐ PERSONAL WATERCRAFT
- ☐ HOUSEBOAT
- ☐ PONTOON
- ☐ INFLATABLE
- ☐ SAILBOAT (aux. engine)
- ☐ SAILBOAT (sail only)
- ☐ CANOE/KAYAK
- ☐ RAFT
- ☐ ROWBOAT
- ☐ AIRBOAT
- ☐ OTHER (specify) _____

HULL MATERIAL
- ☐ WOOD
- ☐ ALUMINUM
- ☐ FIBERGLASS
- ☐ PLASTIC
- ☐ RUBBER/VINYL/CANVAS
- ☐ STEEL
- ☐ OTHER (specify) _____

PROPULSION (select all that apply)
- ☐ PROPELLER
- ☐ SAIL
- ☐ MANUAL
- ☐ WATER JET
- ☐ AIR THRUST
- ☐ OTHER (describe) _____

ENGINE TYPE (select one)
- ☐ OUTBOARD
- ☐ STERNDRIVE (I/O)
- ☐ INBOARD
- ☐ POD DRIVE
- ☐ NONE
- ☐ OTHER: _____

TOTAL HORSEPOWER: _____ HP

OPERATION AT TIME OF ACCIDENT
- ☐ CRUISING
- ☐ CHANGING DIRECTION
- ☐ CHANGING SPEED
- ☐ TOWING SKIER/TUBER
- ☐ TOWING SKIER – SKIER DOWN
- ☐ TOWING ANOTHER VESSEL
- ☐ BEING TOWED BY ANOTHER VESSEL
- ☐ DRIFTING
- ☐ AT ANCHOR
- ☐ TIED TO DOCK
- ☐ LAUNCHING
- ☐ DOCKING/LEAVING DOCK
- ☐ SAILING
- ☐ OTHER (specify) _____

TYPE OF FUEL
- ☐ GAS
- ☐ DIESEL
- ☐ ELECTRIC
- ☐ OTHER: _____

INFORMATION: OPERATOR #2

OPERATOR NAME, ADDRESS, PHONE #

IS OWNER DIFFERENT THAN OPERATOR? ☐ YES ☐ NO

OWNER NAME AND ADDRESS

OPERATOR EXPERIENCE
- ☐ UNDER 10 HOURS
- ☐ 10 TO 100 HOURS
- ☐ OVER 100 HOURS

OPERATOR EDUCATION
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- ☐ USCG AUXILARY
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- ☐ STATE COURSE
- ☐ INFORMAL
- ☐ NONE
- ☐ OTHER: _____

AGE

MARINA/RAMP LAUNCHED FROM:

INFORMATION: VESSEL #2 *(OTHER VESSEL INVOLVED)*

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT ☐ YES ☐ NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED

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- ☐ AT ANCHOR
- ☐ TIED TO DOCK
- ☐ LAUNCHING
- ☐ DOCKING/LEAVING DOCK
- ☐ SAILING
- ☐ OTHER (specify) _____

TYPE OF FUEL
- ☐ GAS
- ☐ DIESEL
- ☐ ELECTRIC
- ☐ OTHER: _____

PERSON COMPLETING THE REPORT

NAME

ADDRESS

PHONE ( )

QUALIFICATION OF PERSON COMPLETING REPORT
- ☐ OPERATOR ☐ OWNER
- ☐ OTHER (specify) _____

SIGNATURE

DATE

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