

Section VI

Accident Data Charts



The charts in this section are designed to provide general statewide information on boating accidents. Three groups of charts give information on:

- **All Accidents**
- **PWC Accidents**
- **Fatal Accidents.**

Charts for All Accidents

Some charts are organized by the number of accidents, which totaled 906. Other charts are organized by the number of vessels involved in accidents, which totaled 1,288. The totals listed on the charts **Type of Accident** and **Cause of Accident** exceed the total number of accidents because many accidents fell into more than one category. The chart **Operators Involved in All Accidents by Age** shows a total of 1,288 vessels. The chart also shows a total of 1,139, which indicates the total number of operators, as 149 vessels involved in accidents did not have operators.

Charts for PWC Accidents

The totals listed on the charts **Type of Accident** and **Cause of Accident** exceed the total number of PWC accidents, which was 293, because many accidents fell into more than one category.

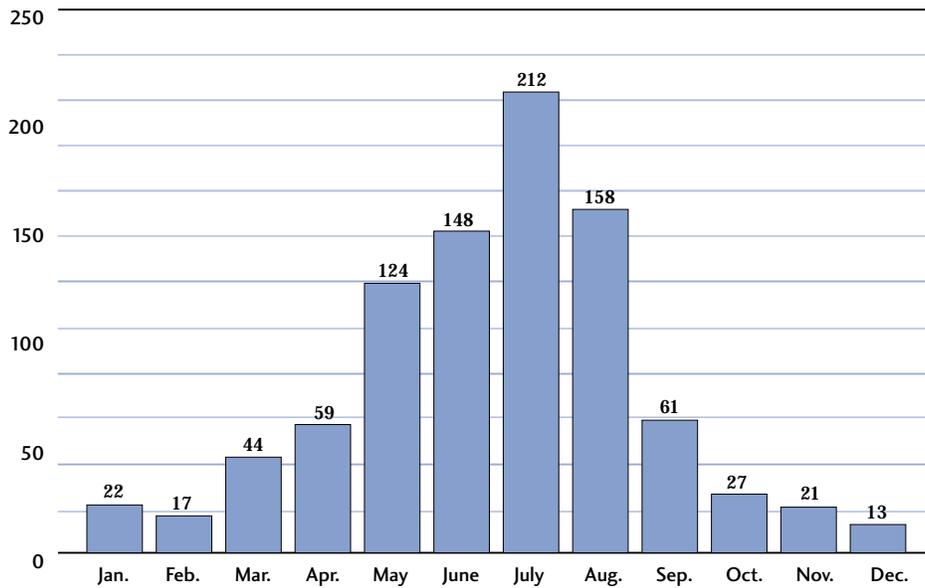
Charts for Fatal Accidents

Totals on most of the charts containing information for fatal accidents add up to the total number of fatalities, which was 51. Other charts are organized by the total number of vessels involved in fatal accidents, which was 46. The total listed on the chart **Cause of Accident** exceeds the total number of fatalities because many accidents involving fatalities fell into more than one category.



Chart 1 – Accidents by Month

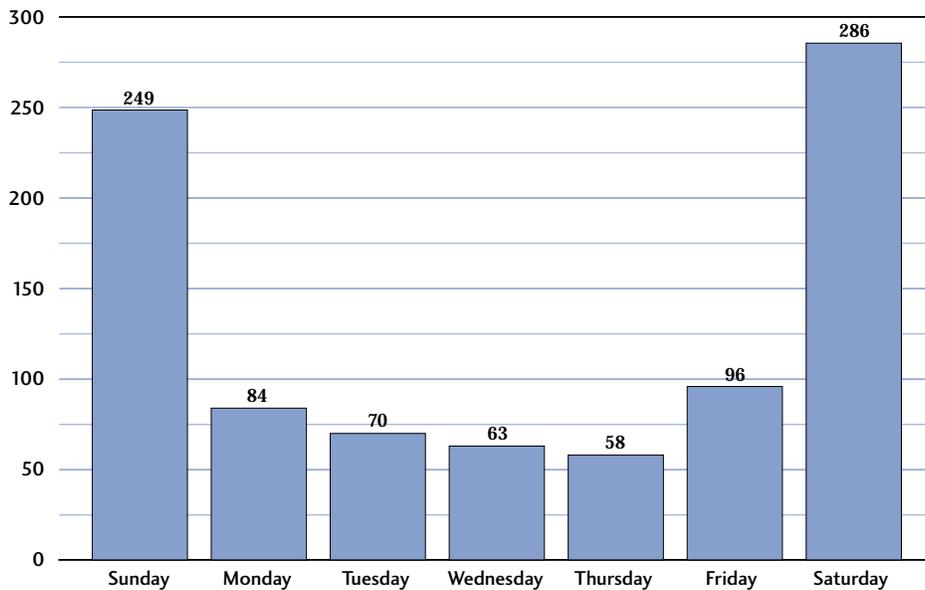
Total Accidents = 906



Most boating accidents occurred from May through September with the greatest number of accidents occurring in July.

Chart 2 – Accidents by Day of the Week

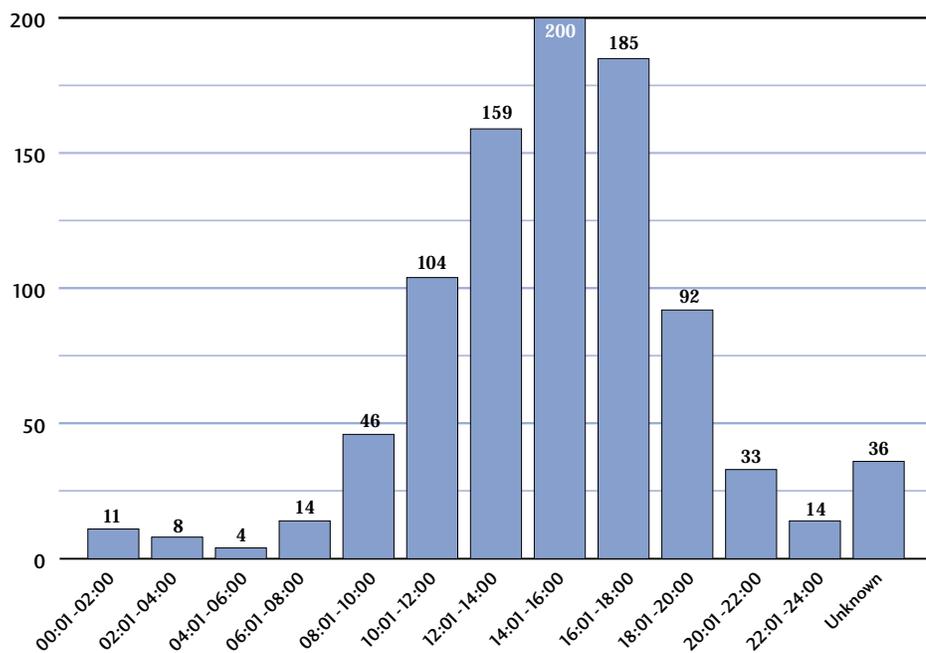
Total Accidents = 906



59% of boating accidents occurred on weekends (Saturday and Sunday).

Chart 3 – Accidents by Time of Day

Total Accidents = 906



Time on this chart is represented by a 24-hour clock. Time is counted normally through the noon hour. After noon, add 1:00 for each additional hour up to 24:00 (midnight). Thus 2:00 p.m. is shown as 14:00 (12:00+ 2:00), etc.

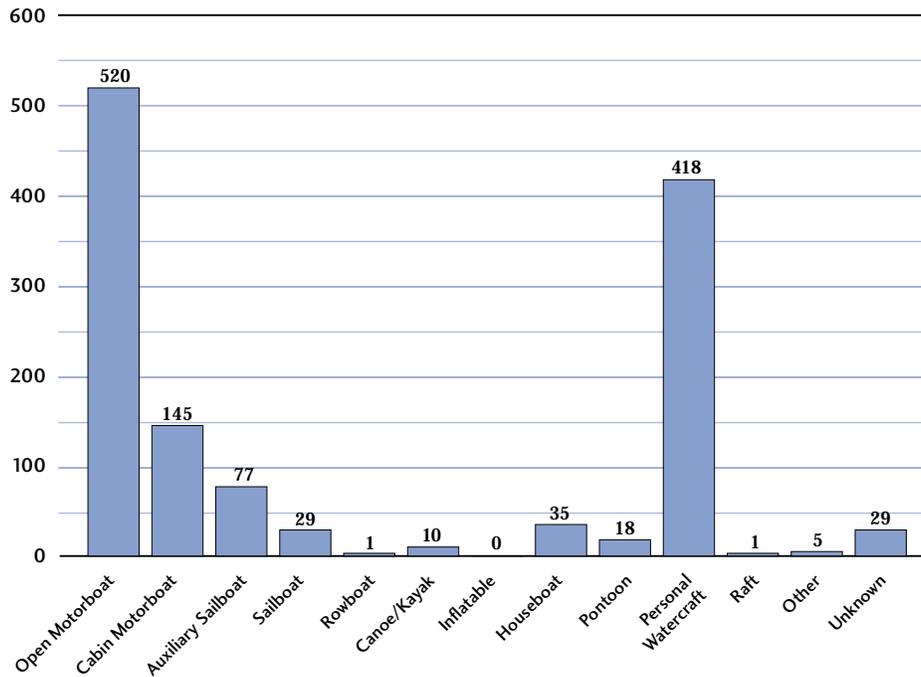


The majority of boating accidents occurred between 12:00 p.m. and 6:00 p.m. with the largest number occurring between 2:00 p.m. and 7:00 p.m.



Chart 4 – Vessels Involved in All Accidents by Type

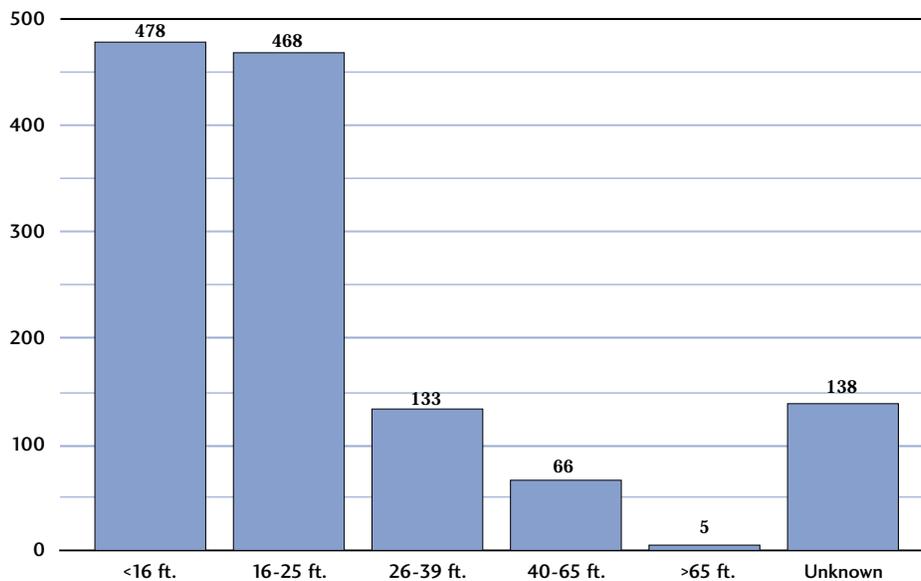
Total Vessels = 1,288



Open motorboats and personal watercraft (PWC) comprised 73% of all vessels involved in accidents.

Chart 5 – Vessels Involved in All Accidents by Length

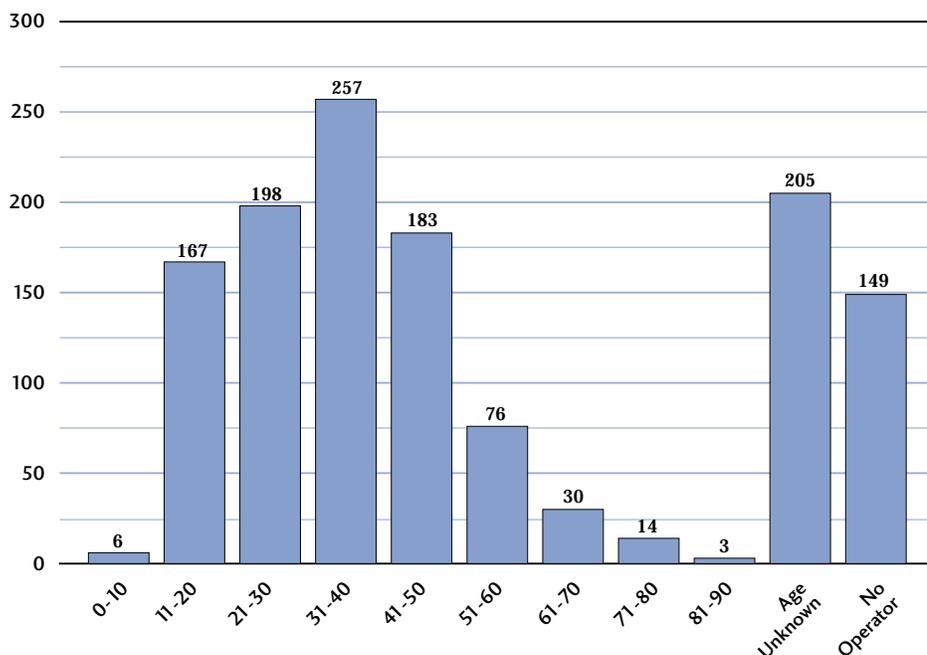
Total Vessels = 1,288



Vessels less than 16 feet in length were involved in more accidents than any other category followed by vessels 16-25 feet in length. These two categories accounted for 73% of all vessels involved in accidents.

Chart 6 – Operators Involved in All Accidents by Age

Total Operators = 1,139
Total Vessels = 1,288



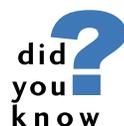
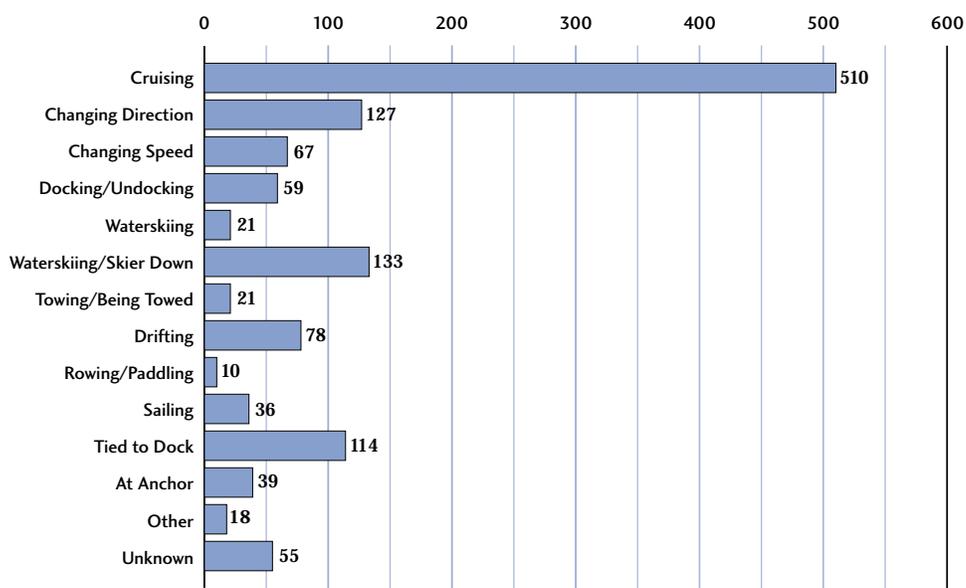
“No Operator” refers to accidents involving vessels where there was no operator present at the time of the accident. Most of these vessels were in vessel slips, tied to docks, or moored, and were struck by other vessels. Some accident reports submitted to the Department do not include operator age information, as indicated by the “Age Unknown” category.



Operators in the 31-40 age group were involved in more accidents than any other age group.

Chart 7 – Operation at Time of Accident

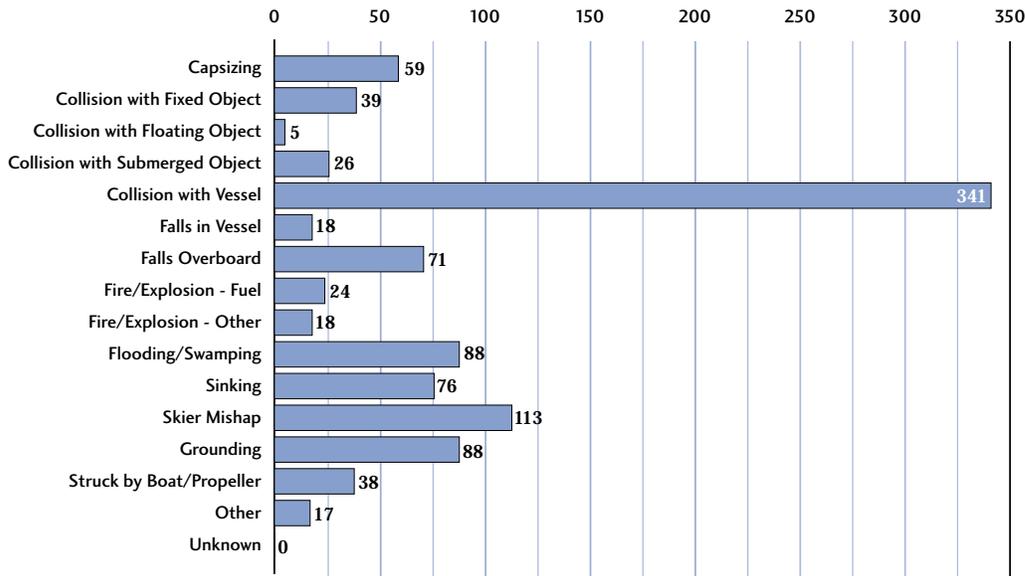
Total Vessels = 1,288



The most common type of vessel operation preceding an accident was cruising.

Chart 8 – Type of Accident

Total Types = 1,021
Total Accidents = 906



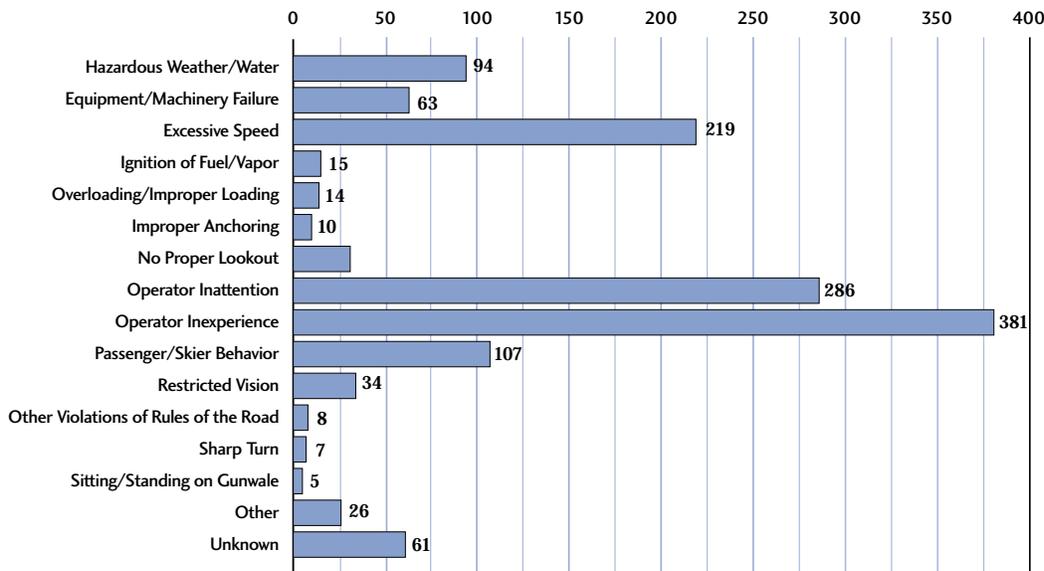
Some accidents are represented by more than one accident type, which accounts for the accident types exceeding the number of accidents. An example of such an accident is when an operator falls overboard and is then struck by another vessel. Such an accident would be represented in both the "Falls Overboard" category and the "Struck by Boat/Propeller" category, since both of these occurrences were significant components of the accident.



By far, vessels colliding with other vessels were the most common type of accident, accounting for 38% of all accidents.

Chart 9 – Cause of Accident

Total Causes = 1,361
Total Accidents = 906



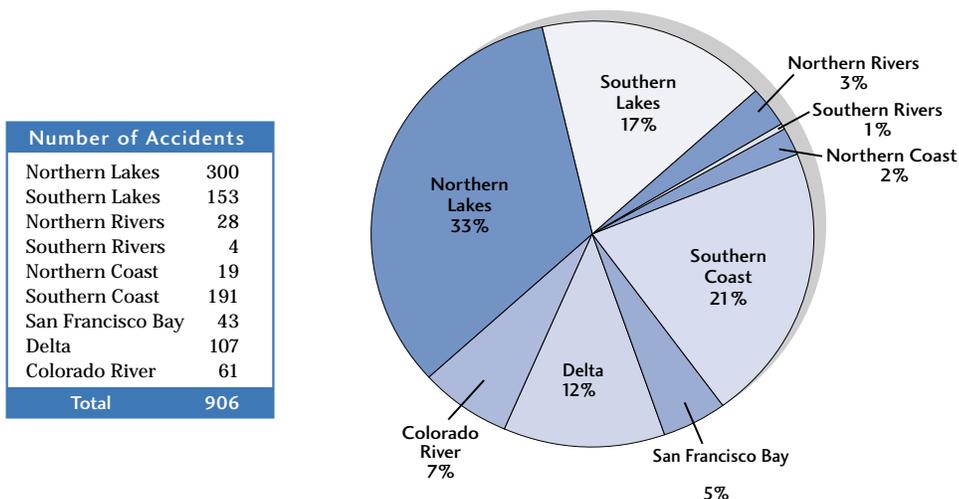
Many accidents had more than one cause, which is reflected in this chart. The "Other" category includes causes that do not fit into any of the categories listed above.



Operator inexperience was the most common cause of all accidents (42%) followed by operator inattention (32%) and excessive speed (24%).

Chart 10 – Accident Locations

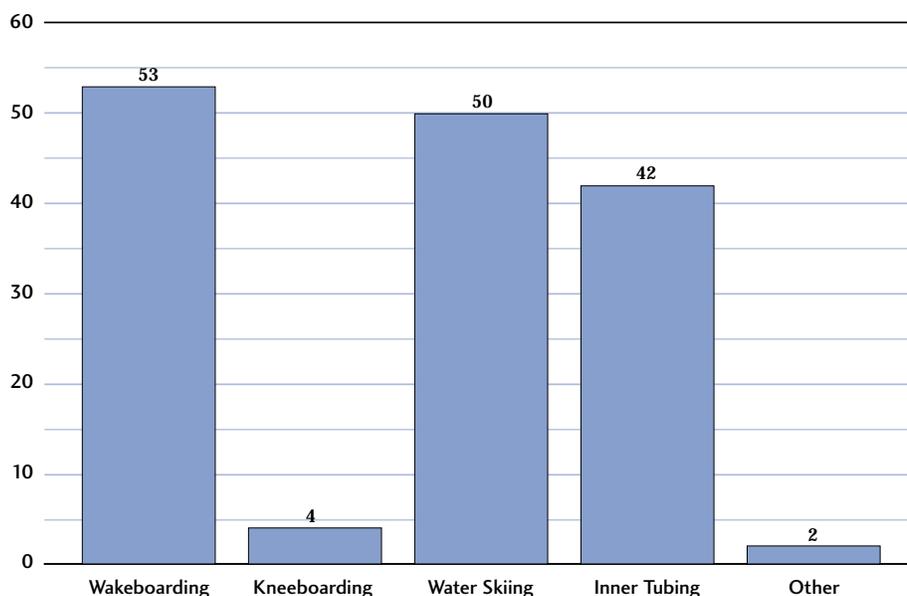
Total Accidents = 906



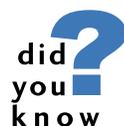
The largest number of accidents occurred on lakes (50%) followed by oceans/bays 28%.

Chart 11 – Water Skiing Accidents

Total Activities = 151
Total Accidents = 146



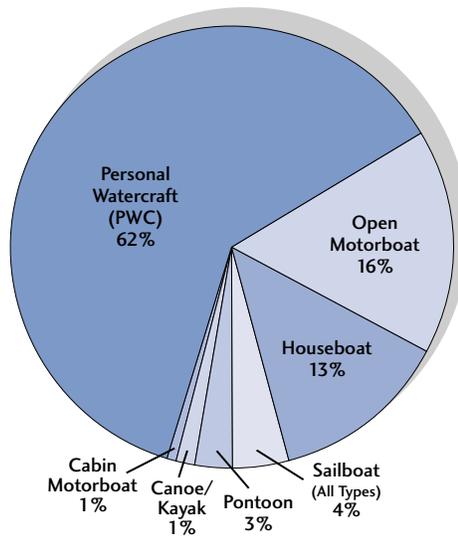
5 accidents each involved two vessels, both involved in different types of water skiing-related activities. For example, a vessel towing a water skier was involved in an accident with a vessel towing a wakeboarder. This type of accident is represented in both the water skiing and the wakeboarding categories. This accounts for the total number of activities totaling 151 and the total number of accidents totaling 146.



For the first time, accidents involving wakeboarding exceeded those involving traditional water skiing.

Chart 12 – Rented Vessels Involved in All Accidents by Vessel Type

Number of Vessels	
PWC	90
Open Motorboat	24
Houseboat	19
Sailboat (All Types)	6
Pontoon	4
Canoe/Kayak	2
Cabin Motorboat	1
Total	146



The majority of rented vessels involved in accidents were PWC.

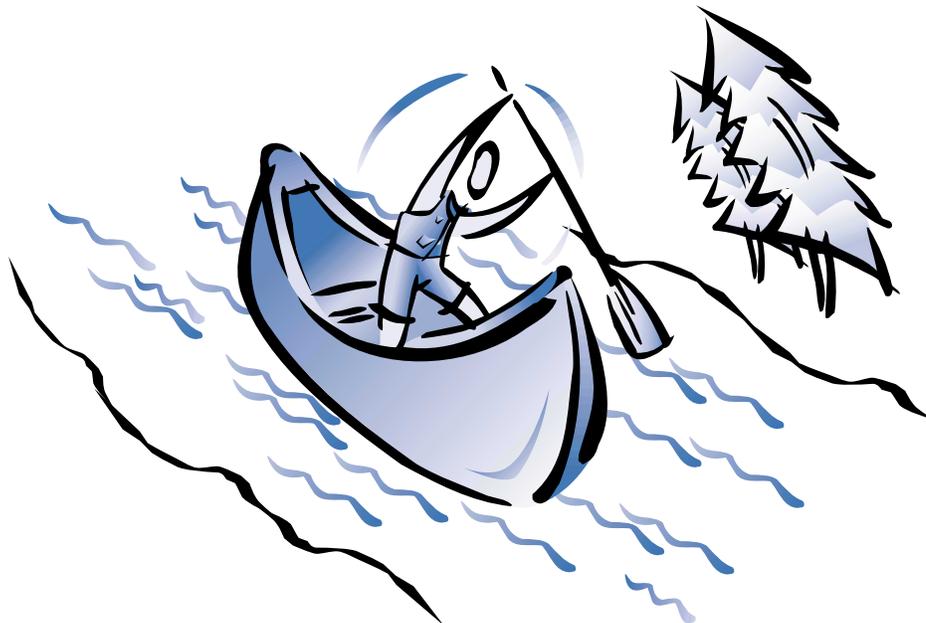
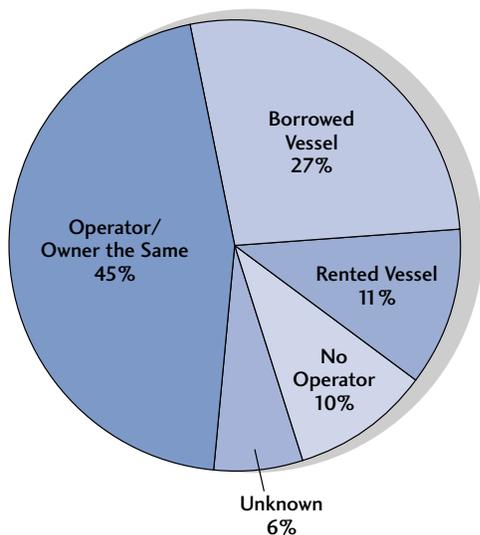


Chart 13 - Vessels, PWC and Open Motorboats Involved in Accidents



Vessels Involved in All Accidents

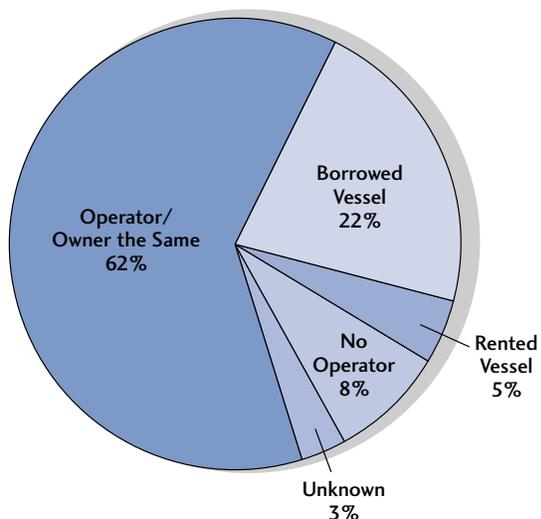
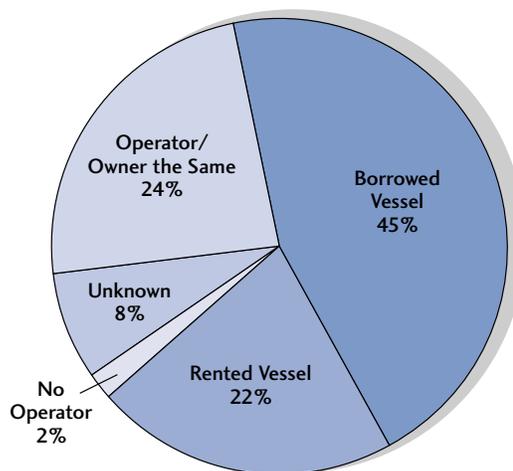
Rented/Borrowed/Owned

Number of Vessels	
Operator/Owner the Same	584
Borrowed Vessel	348
Rented Vessel	146
No Operator	128
Unknown	82
Total	1,288

PWC Involved in Accidents

Rented/Borrowed/Owned

Number of PWCs	
Operator/Owner the Same	99
Borrowed Vessel	189
Rented Vessel	90
No Operator	8
Unknown	32
Total	418

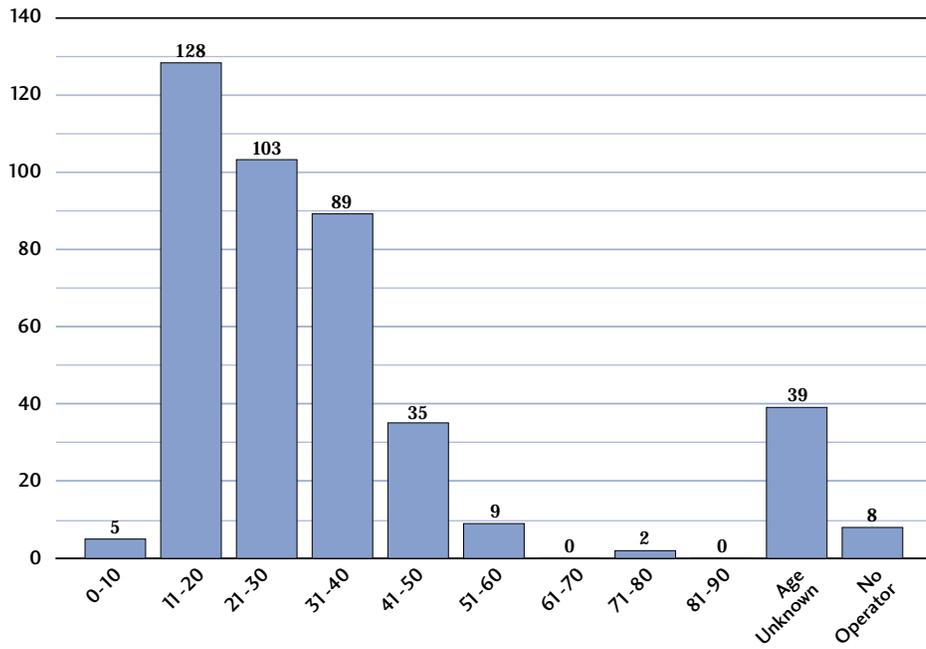


Open Motorboats Involved in Accidents

Rented/Borrowed/Owned

Number of Open Motorboats	
Operator/Owner the Same	323
Borrowed Vessel	113
Rented Vessel	24
No Operator	43
Unknown	17
Total	520

Chart 14 – PWC - Operators Involved in Accidents by Age Total Vessels = 418



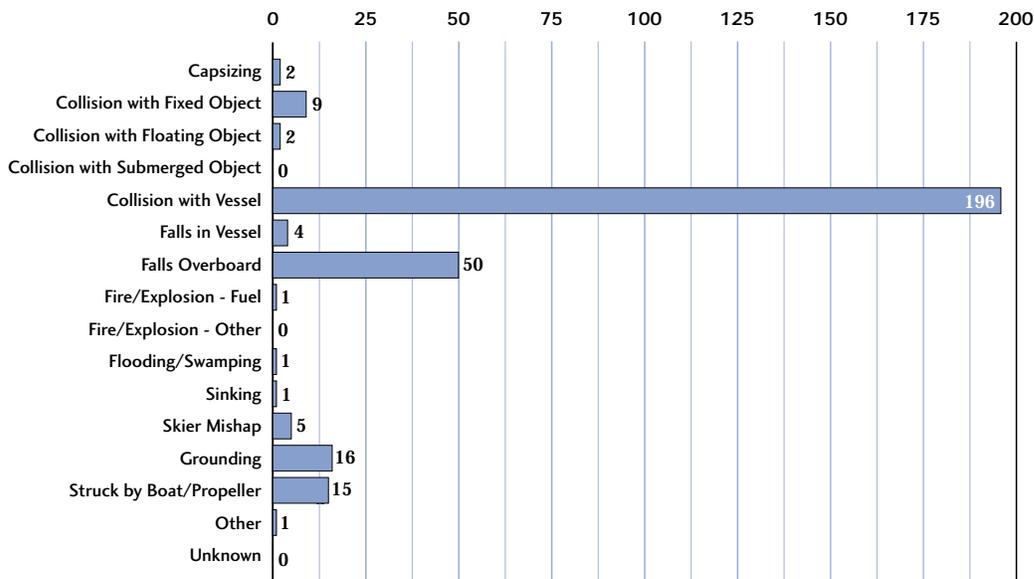
“No Operator” refers to accidents involving vessels where there was no operator present at the time of the accident. Most of these vessels were in vessel slips, tied to docks, or moored, and were struck by other vessels. Because PWC do not tend to be housed in slips, due to their small size, the number of vessels in this category is much smaller than the “No Operator” category for overall boating accidents. Some reports submitted to the Department do not include operator age information, as indicated by the “Age Unknown” category.



Operators in the 11-20 age group were involved in more accidents than any other age group followed by operators in the 21-30 age group.

Chart 15 – PWC - Type of Accident

Total Types = 303
Total Accidents = 293



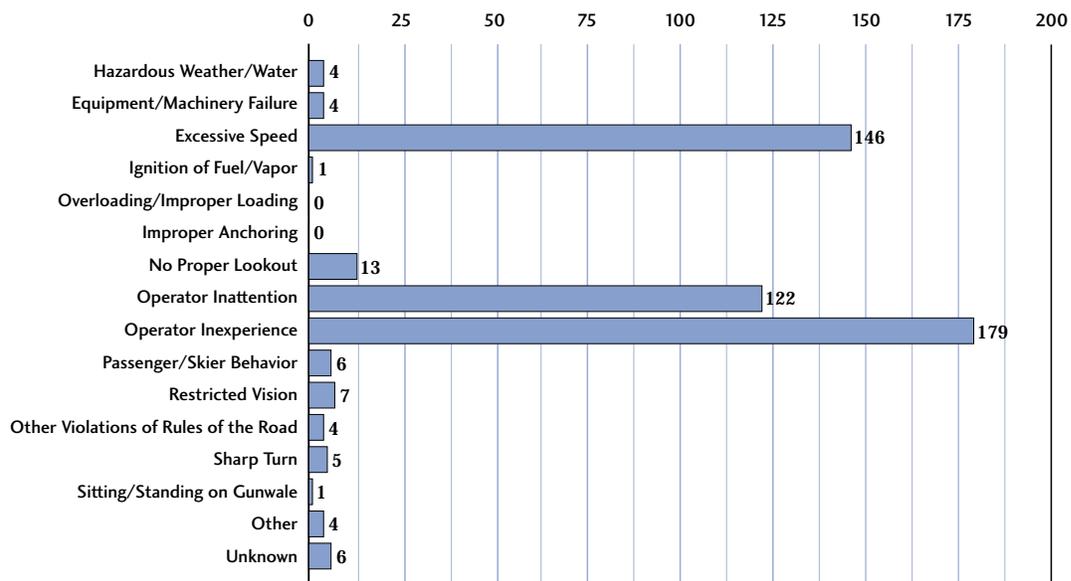
Some accidents are represented by more than one accident type, which accounts for the accident types exceeding the number of accidents. An example of such an accident is when an operator falls overboard and is then struck by another vessel. Such an accident would be represented in both the “Falls Overboard” category and the “Struck by Boat/Propeller” category, since both of these occurrences were significant components of the accident.



Collisions with other vessels accounted for 67% of all PWC-related accidents.

Chart 16 – PWC - Cause of Accident

Total Causes = 502
Total Accidents = 293



Many PWC-related accidents had more than one cause, which is reflected in this chart. The "Other" category includes causes that do not fit into any of the categories listed above.

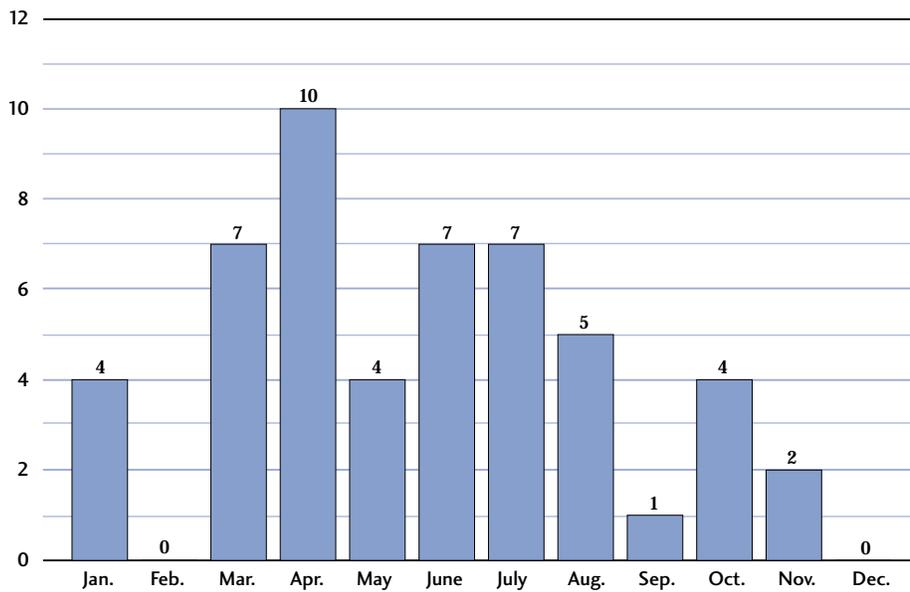


Operator inexperience (61%), excessive speed (50%) and operator inattention (42%) were the most common causes of PWC-related accidents.



Chart 17 – Fatalities by Month

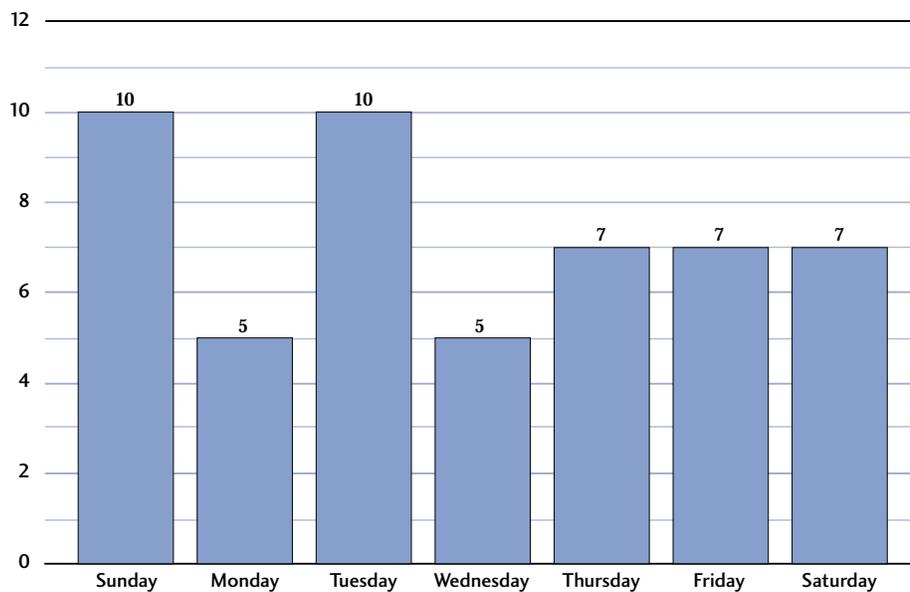
Total Fatalities = 51



The largest number of fatalities occurred during the month of April followed by June and July.

Chart 18 – Fatalities by Day of the Week

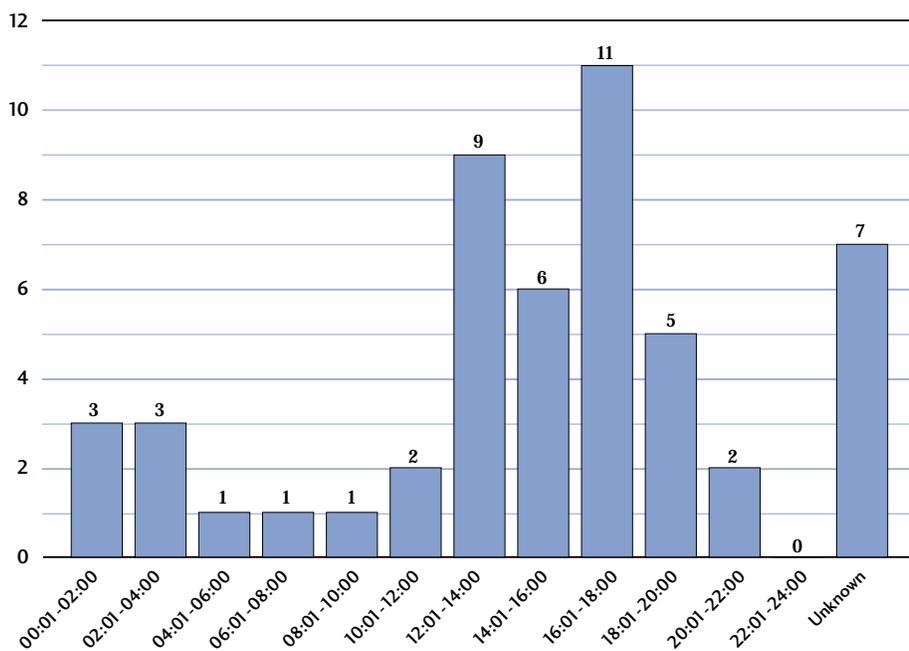
Total Fatalities = 51



Fatal boating accidents occurred consistently throughout the week with the largest number occurring on Saturday and Tuesday.

Chart 19 – Fatalities by Time of Day

Total Fatalities = 51



Time on this chart is represented by a 24-hour clock. Time is counted normally through the noon hour. After noon, add 1:00 for each additional hour up to 24:00 (midnight). Thus 2:00 p.m. is shown as 14:00 (12:00+ 2:00), etc.



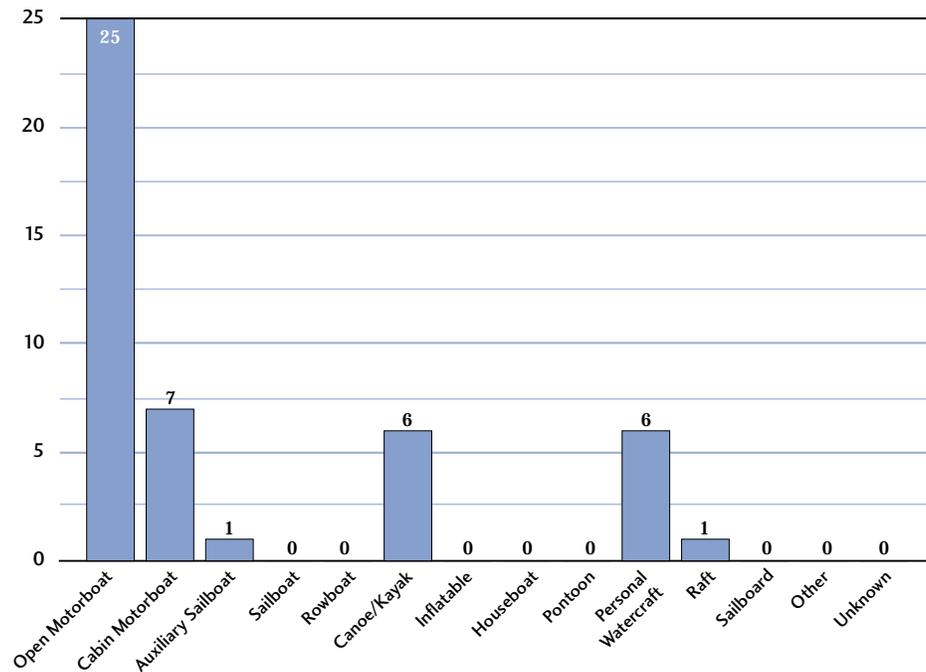
did
you
know

The largest number of fatalities occurred between 12:00 p.m. and 6:00 p.m.



Chart 20 – Fatalities by Type of Vessel

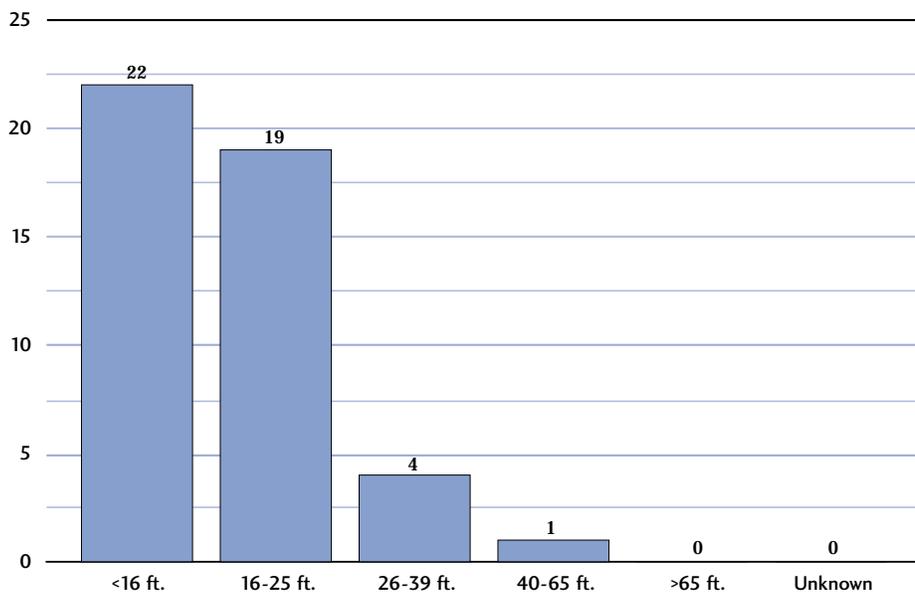
Total Vessels = 46
Total Fatalities = 51



The majority of vessels involved in fatal boating accidents were open motorboats.

Chart 21 – Fatalities by Length of Vessel

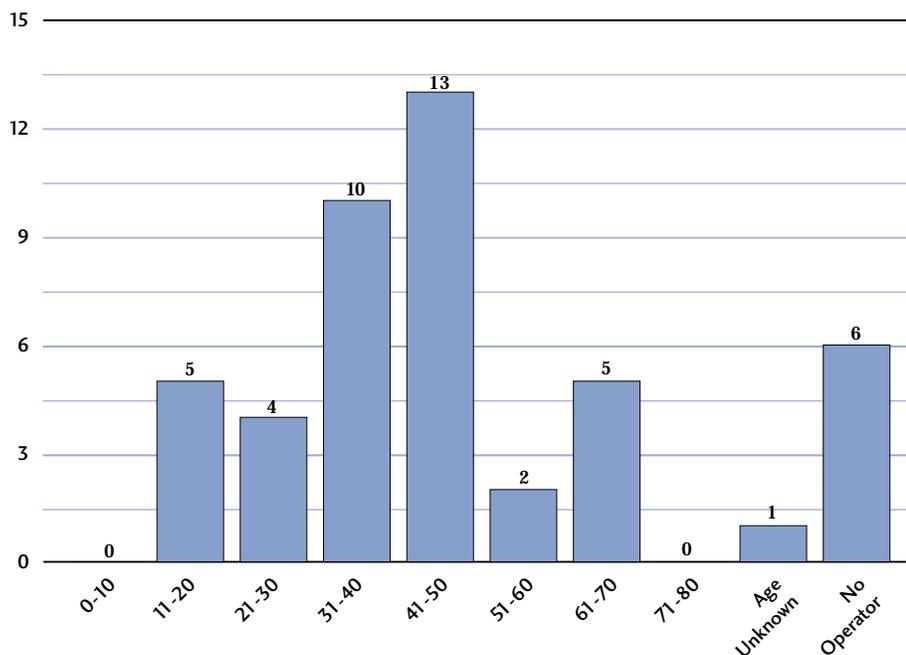
Total Vessels = 46
Total Fatalities = 51



The overwhelming majority of vessels (89%) involved in fatal boating accidents were less than 26 feet in length. The most common lengths of vessels involved in these accidents was less than 16 feet in length.

Chart 22 – Operators Involved in Fatal Accidents by Age

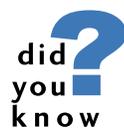
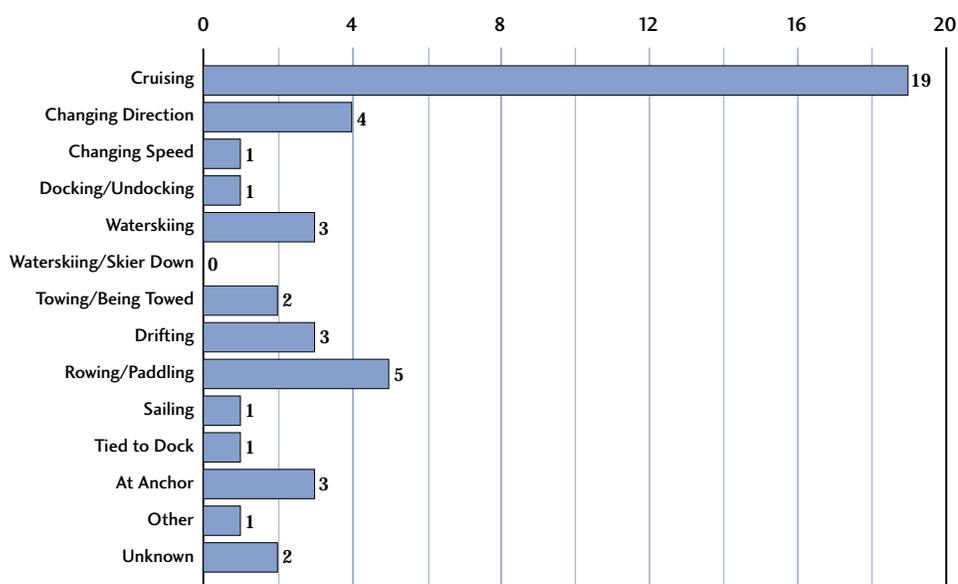
Total Operator = 46
Total Fatalities = 51



Operators from the 41-50 age group were involved in more fatal accidents than any other age group.

Chart 23 – Fatalities by Operation at Time of Accident

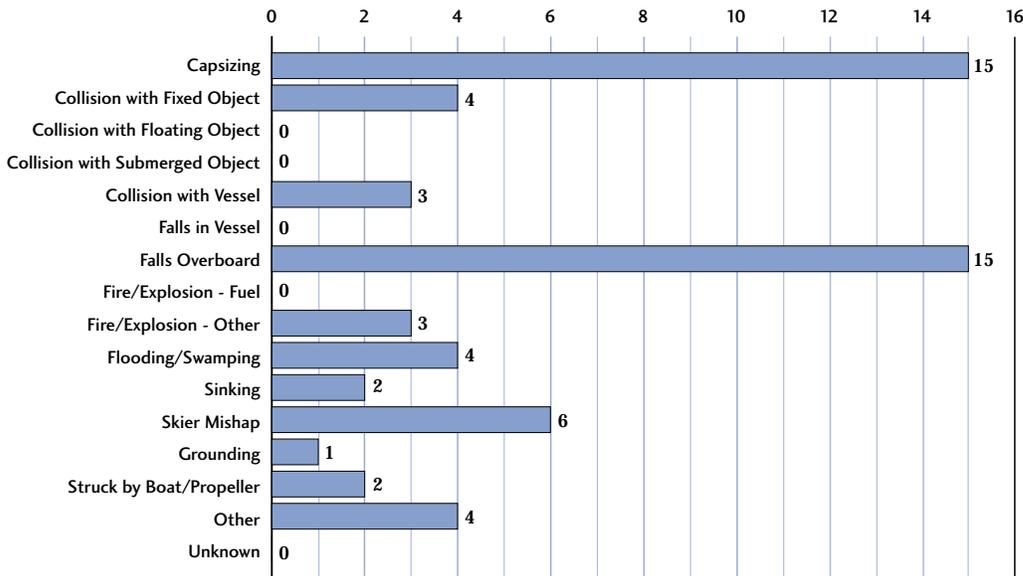
Total Vessels = 46
Total Fatalities = 51



41% of the vessels involved in fatal accidents were cruising at the time of the accident.

Chart 24 – Fatalities by Type of Accident

Total Types = 59
Total Fatalities = 51



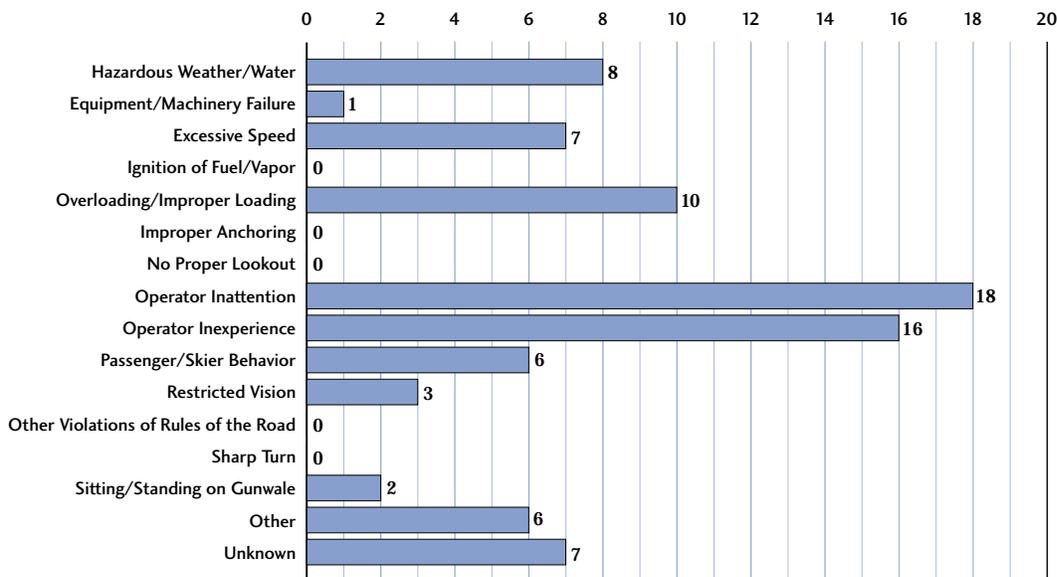
Some accidents are represented by more than one accident type, which accounts for the accident types exceeding the number of fatalities. An example of such an accident is when a vessel floods and then capsizes. Such an accident would be represented in both the "Flooding/Swamping" category and the "Falls Overboard" category since both of these occurrences were significant components of the accident.



Capsizing and falls overboard were the most common types of fatal boating accidents.

Chart 25 – Fatalities by Cause of Accident

Total Causes = 84
Total Fatalities = 51



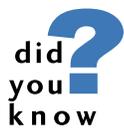
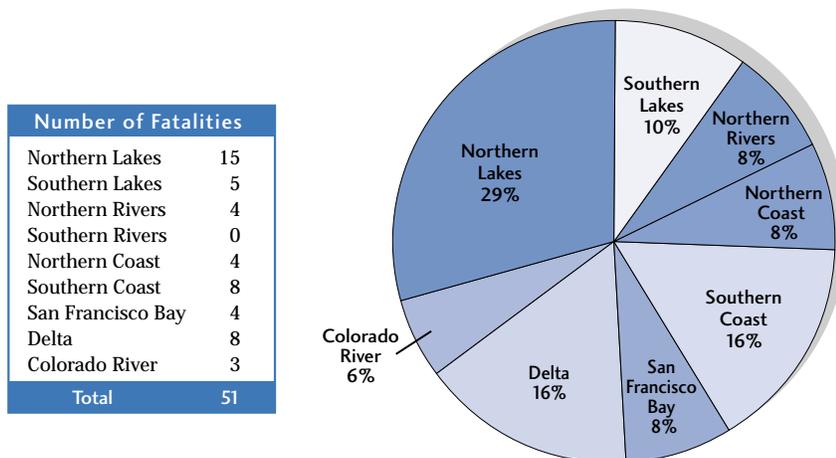
Many PWC-related accidents had more than one cause, which is reflected in this chart. The "Other" category includes causes that do not fit into any of the categories listed above.



Operator inattention played a role in 35% of all fatalities, followed by operator inexperience (31%) overloading/improper loading (20%).

Chart 26 – Fatalities by Accident Location

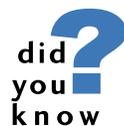
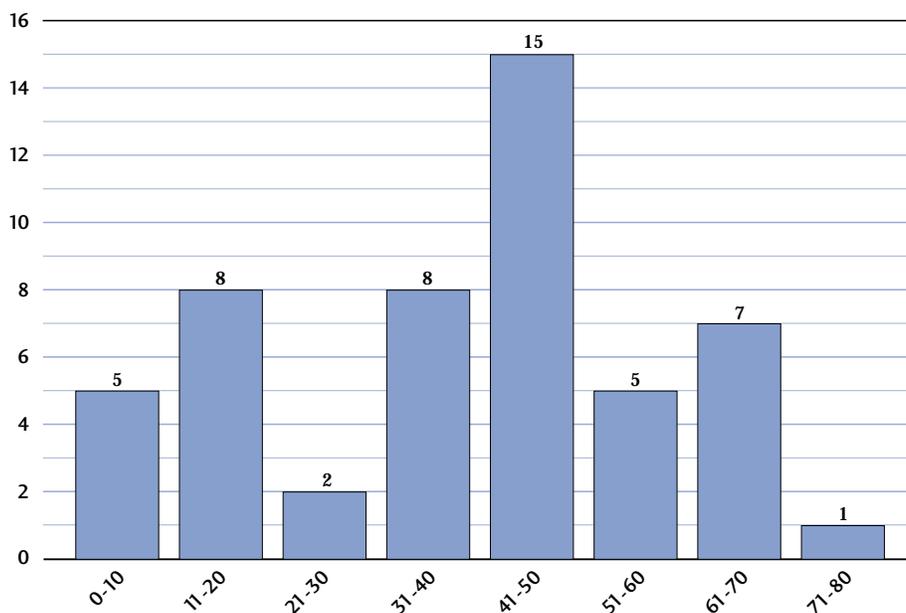
Total Fatalities = 51



The largest number of fatalities occurred on lakes, followed by oceans/bays.

Chart 27 – Fatalities by Age of Victim

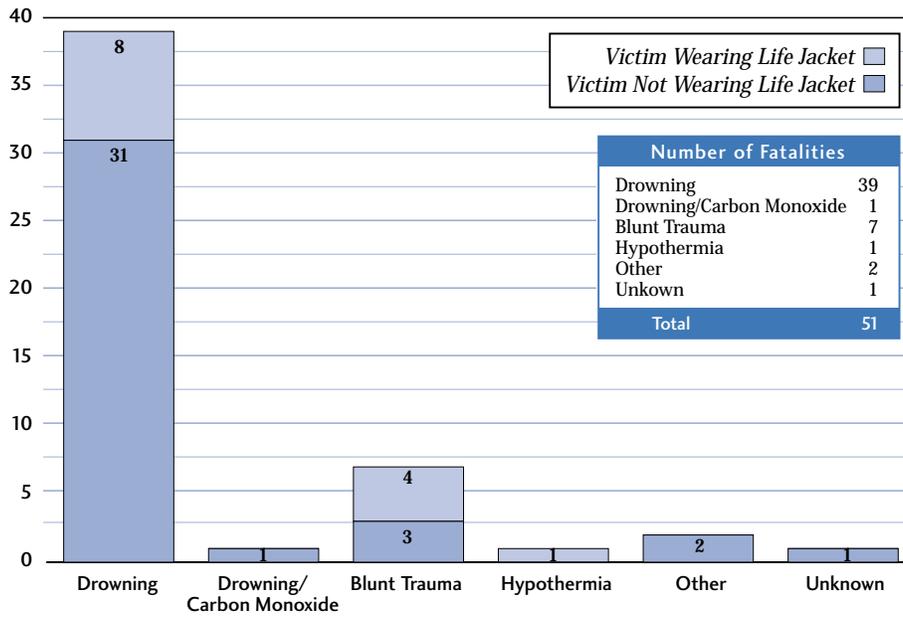
Total Fatalities = 51



The 41-50 age group registered the largest number of boating fatalities.

Chart 28 – Fatalities by Cause of Death

Total Fatalities = 51



did?
you
know

Drowning was the leading cause of death in fatal accidents. The chart shows the effectiveness of life jacket usage. Of the victims who drowned, 80% were not wearing a life jacket.



CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT 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 the California Department of Boating and Waterways at 2000 Evergreen Street, Suite 100, Sacramento, California 95815-3888, (916) 263-8189. 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	BODY OF WATER	LOCATION ON WATER
# INJURED	# DEAD	TOTAL \$\$	LAW ENFORCEMENT ON ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY NAME

WEATHER (CHECK ALL THAT APPLY): <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	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)	TEMPERATURE	
			WATER VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	AIR STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF ACCIDENT (CHECK ALL THAT APPLY):		CAUSE OF ACCIDENT (CHECK ALL THAT APPLY):	
<input type="checkbox"/> CAPSIZING	<input type="checkbox"/> FIRE / EXPLOSION (fuel)	<input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION	<input type="checkbox"/> HAZARDOUS WEATHER / WATER
<input type="checkbox"/> COLLISION WITH VESSEL	<input type="checkbox"/> FIRE / EXPLOSION (other than fuel)	<input type="checkbox"/> OPERATOR INEXPERIENCE	<input type="checkbox"/> RESTRICTED VISION
<input type="checkbox"/> COLLISION WITH FIXED OBJECT	<input type="checkbox"/> FLOODING / SWAMPING	<input type="checkbox"/> EXCESSIVE SPEED	<input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR
<input type="checkbox"/> COLLISION WITH FLOATING OBJECT	<input type="checkbox"/> SINKING	<input type="checkbox"/> MACHINERY FAILURE	<input type="checkbox"/> IMPROPER ANCHORING
<input type="checkbox"/> FALL OVERBOARD	<input type="checkbox"/> STRUCK BY BOAT / PROPELLER	<input type="checkbox"/> EQUIPMENT FAILURE	<input type="checkbox"/> ALCOHOL USE
<input type="checkbox"/> FALL IN BOAT	<input type="checkbox"/> SKIER MISHAP	<input type="checkbox"/> IMPROPER LOADING	<input type="checkbox"/> FAILURE TO VENT
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OVERLOADING	<input type="checkbox"/> OTHER _____

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.)

VICTIM OR WITNESS INFORMATION

VICTIM / WITNESS NAME & ADDRESS	VICTIM / WITNESS STATUS	RIDING IN VESSEL #	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

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 <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
	OWNER NAME AND ADDRESS		
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"/> 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"/> 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) _____		PROPULSION <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 <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
	OWNER NAME AND ADDRESS		
AGE			

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		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"/> 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"/> 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) _____		PROPULSION <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	

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