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| **VESSEL ACCIDENT REPORT 1.1**  CALIFORNIA STATE PARKS, DIVISION OF BOATING AND WATERWAYS PAGE     OF | | | | | | | | | |
| DATE OF ORIGINAL ACCIDENT | | | TIME (2400) | | | REPORT NUMBER | | | |
|  |  |  |
| DEPUTY NAME | | | | | | DEPUTY ID | | | |
| VICTIM / WITNESS  NAME, ADDRESS & PHONE | | | | VICTIM / WITNESS  STATUS | RIDING IN VESSEL # | DOB/  AGE | INJURY DESCRIPTION | LIFE JACKET  WORN? | COULD VICTIM  SWIM? |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |
|  | | | | INJURED  DECEASED  DISAPPEARED  PASSENGER ONLY  WITNESS ONLY |  |  |  | YES  NO  UNKNOWN | YES  NO  UNKNOWN |
| TAKEN TO HOSPITAL  YES  NO  FACILITY |

DBW FORM VAR 1.1 (08/14)