AGE

OWNER NAME AND ADDRESS

☐ UNDER 10 HOURS
☐ 10 TO 100 HOURS
☐ OVER 100 HOURS

☐ AMERICAN RED CROSS
☐ USCG AUXILIARY
☐ US POWER SQUADRON
☐ STATE COURSE
☐ INFORMAL
☐ NONE

## INFORMATION: VESSEL #2

| 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 | LENGTH |
|---|---|---|---|
| | | | |

| BOAT MANUFACTURER | BOAT MODEL | YEAR BUILT | TYPE OF FUEL | # OF ENGINES | HORSEPOWER |
|---|---|---|---|---|---|
| | | | | | |

| ACTIVITY | FIRE EXTINGUISHER ON BOARD | FIRE EXTINGUISHER USED | LIFE JACKETS ON BOARD | LIFE JACKETS ACCESSIBLE | LIFE JACKETS WORN |
|---|---|---|---|---|---|
| ☐ RECREATIONAL ☐ COMMERCIAL ☐ OTHER _____ | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |

**TYPE OF BOAT**

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

**HULL MATERIAL**

- ☐ WOOD
- ☐ ALUMINUM
- ☐ FIBERGLASS
- ☐ PLASTIC
- ☐ RUBBER / VINYL
- ☐ OTHER (specify) _____

**PROPULSION**

- ☐ OUTBOARD
- ☐ INBOARD
- ☐ INBOARD / OUTBOARD
- ☐ JET
- ☐ SAIL ONLY
- ☐ PADDLE / OARS
- ☐ OTHER (specify) _____

**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) _____

SPEED _____ MPH

NAME OF PERSON COMPLETING THE REPORT _____

SIGNATURE OF PERSON COMPLETING THE REPORT _____

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

DBW FORM BAR-1 (1/00)

THIS CONFIDENTIAL REPORT IS USED IN RESEARCH FOR THE PREVENTION OF ACCIDENTS AND A COPY IS FORWARDED TO THE UNITED STATES COAST GUARD

# 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 | COUNTY | BODY OF WATER | LOCATION ON WATER |
|---|---|---|---|---|
| \| \| | ☐ AM ☐ PM | | | |

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

**WEATHER (CHECK ALL THAT APPLY):**

☐ CLEAR ☐ RAIN
☐ CLOUDY ☐ SNOW
☐ FOG ☐ 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)

**TEMPERATURE**

WATER AIR

**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
☐ OTHER _____
☐ FIRE / EXPLOSION (fuel)
☐ FIRE / EXPLOSION (other than fuel)
☐ FLOODING / SWAMPING
☐ SINKING
☐ STRUCK BY BOAT / PROPELLER
☐ SKIER MISHAP

**CAUSE OF ACCIDENT (CHECK ALL THAT APPLY):**

☐ IMPROPER LOOKOUT / INATTENTION
☐ OPERATOR INEXPERIENCE
☐ EXCESSIVE SPEED
☐ MACHINERY FAILURE
☐ EQUIPMENT FAILURE
☐ IMPROPER LOADING
☐ OVERLOADING
☐ HAZARDOUS WEATHER / WATER
☐ RESTRICTED VISION
☐ IGNITION OF SPILLED FUEL / VAPOR
☐ IMPROPER ANCHORING
☐ ALCOHOL USE
☐ FAILURE TO VENT
☐ 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? |
|---|---|---|---|---|---|---|---|
| | ☐ INJURED<br>☐ DEAD<br>☐ WITNESS ONLY | | | | ☐ DROWNING<br>☐ TRAUMA<br>☐ OTHER | ☐ YES<br>☐ NO | ☐ YES<br>☐ NO |
| | ☐ INJURED<br>☐ DEAD<br>☐ WITNESS ONLY | | | | ☐ DROWNING<br>☐ TRAUMA<br>☐ OTHER | ☐ YES<br>☐ NO | ☐ YES<br>☐ NO |
| | ☐ INJURED<br>☐ DEAD<br>☐ WITNESS ONLY | | | | ☐ DROWNING<br>☐ TRAUMA<br>☐ OTHER | ☐ YES<br>☐ NO | ☐ YES<br>☐ NO |
| | ☐ INJURED<br>☐ DEAD<br>☐ WITNESS ONLY | | | | ☐ DROWNING<br>☐ TRAUMA<br>☐ OTHER | ☐ YES<br>☐ NO | ☐ YES<br>☐ NO |



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# BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

## INFORMATION: OPERATOR #1

OPERATOR NAME AND ADDRESS

AGE

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 AUXILIARY
- ☐ US POWER SQUADRON
- ☐ STATE COURSE
- ☐ INFORMAL
- ☐ NONE

## INFORMATION: VESSEL #1

| 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 | LENGTH |
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| BOAT MANUFACTURER | BOAT MODEL | YEAR BUILT | TYPE OF FUEL | # OF ENGINES | HORSEPOWER |
|---|---|---|---|---|---|
| | | | | | |

| ACTIVITY ☐ RECREATIONAL ☐ COMMERCIAL ☐ OTHER _____ | FIRE EXTINGUISHER ON BOARD ☐ YES ☐ NO | 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
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- ☐ OTHER (specify) _____

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

_____

PROPULSION
- ☐ OUTBOARD
- ☐ INBOARD
- ☐ INBOARD / OUTBOARD
- ☐ JET
- ☐ SAIL ONLY
- ☐ PADDLE / OARS
- ☐ OTHER (specify)

_____

OPERATION AT TIME OF ACCIDENT
- ☐ CRUISING
- ☐ CHANGING DIRECTION
- ☐ CHANGING SPEED
- ☐ TOWING SKIER / TUBER
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- ☐ TIED TO DOCK
- ☐ LAUNCHING
- ☐ DOCKING / LEAVING DOCK
- ☐ SAILING
- ☐ OTHER (specify) _____

SPEED _____ MPH

## INFORMATION: OPERATOR #2

OPERATOR NAME AND ADDRESS

IS OWNER DIFFERENT THAN OPERATOR? ☐ YES ☐ NO

OPERATOR EXPERIENCE

OPERATOR EDUCATION