

AGENCY NAME TAKING REPORT				NO INJURED		NO KILLED		AGENCY REPORT NUMBER							
LOCATION	BODY of WATER ACCIDENT OCCURRED ON					MONTH		DAY		YEAR		TIME (2400)			
	COUNTY ACCIDENT OCCURRED IN		NEAREST LANDMARK (NAVIGATION AID)					INVESTIGATED BY					PHONE ()		
			FEET / MILES					OF							
PARTY #1	NAME (FIRST, MIDDLE, LAST)					STREET / MAILING ADDRESS									
	DOB / AGE			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CITY			STATE		ZIP		PHONE ()		
OPERATOR <input type="checkbox"/>	VESSEL YEAR		MAKE/MODEL/LENGTH		VESSEL NUMBER (CF OR DOC)		VESSEL NAME			ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> WORKBOAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER					
SWIMMER <input type="checkbox"/>	HULL IDENTIFICATION NUMBER <input type="checkbox"/> NONE				HORSEPOWER		RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO		OWNERS NAME			<input type="checkbox"/> SAME		PHONE ()	
MOORED VESSEL <input type="checkbox"/>	DIRECTION OF TRAVEL			# PERSONS ON BOARD		VESSEL DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			OWNERS STREET / MAILING ADDRESS <input type="checkbox"/> SAME						
OTHER <input type="checkbox"/>	ESTIMATED SPEED		DISPOSITION OF VESSEL			ESTIMATED DAMAGE \$\$ <input type="checkbox"/> NONE			CITY		STATE		ZIP		
PARTY #2	NAME (FIRST, MIDDLE, LAST)					STREET / MAILING ADDRESS									
	DOB / AGE			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CITY			STATE		ZIP		PHONE ()		
OPERATOR <input type="checkbox"/>	VESSEL YEAR		MAKE/MODEL/LENGTH		VESSEL NUMBER (CF OR DOC)		VESSEL NAME			ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> WORKBOAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER					
SWIMMER <input type="checkbox"/>	HULL IDENTIFICATION NUMBER <input type="checkbox"/> NONE				HORSEPOWER		RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO		OWNERS NAME			<input type="checkbox"/> SAME		PHONE ()	
MOORED VESSEL <input type="checkbox"/>	DIRECTION OF TRAVEL			# PERSONS ON BOARD		VESSEL DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL			OWNERS STREET / MAILING ADDRESS <input type="checkbox"/> SAME						
OTHER <input type="checkbox"/>	ESTIMATED SPEED		DISPOSITION OF VESSEL			ESTIMATED DAMAGE \$\$ <input type="checkbox"/> NONE			CITY		STATE		ZIP		
OTHER PROPERTY	DESCRIPTION OF DAMAGE										ESTIMATED DAMAGE \$\$ <input type="checkbox"/> NONE				
	OWNERS NAME			ADDRESS			STATE		ZIP		PHONE ()			NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	
INJURED / DECEASED / WITNESS	VICTIM / WITNESS NAME, ADDRESS & PHONE				VICTIM / WITNESS STATUS		RIDING IN VESSEL #	DOB/ AGE	INJURY DESCRIPTION			LIFE JACKET WORN?		COULD VICTIM SWIM?	
					<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> PASSENGER ONLY <input type="checkbox"/> WITNESS ONLY							<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
									TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
									TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
											<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
SKETCH (INCLUDE VESSEL, WIND, CURRENT DIRECTION)										<div><div></div><div>INDICATE TRUE NORTH</div></div>		MISCELLANEOUS			
										COPY OF STATE FORM BAR-1 GIVEN TO OPERATOR (S)		<input type="checkbox"/> OPERATOR 1		<input type="checkbox"/> OPERATOR 2	
										REPORT FORWARDED TO:					
										COAST GUARD					
										CALIFORNIA BOATING AND WATERWAYS 2000 EVERGREEN STREET, SUITE 100 SACRAMENTO, CA 95815-3888					
										CORONER					
										OTHER					

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS PAGE OF

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