## **VESSEL ACCIDENT REPORT**

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS PAGE OF

AGENCY NAME TAKING REPORT									NO INJURED		NO KILLED	KILLED AGENCY REPOR			TNUMBER				
NOI	BODY of WATER AC	CIDEN	NT OCCURRED ON				MONTH	,	DAY	YEAR	TIME (2400)								
LOCATION	COUNTY ACCIDENT	URRED IN		05	INVESTIGATED BY PHONE (							NE (	)						
PARTY #1	NAME (FIRST, MIDD	LE, L/	AST)		FEET / I	1	OF STREET / MAILING ADDRESS												
	DOB / AGE				SEX					STATE			ZIP	ZIP PHONE			)		
	VESSEL YEAR	MAKE	/MODEL/LENGTH		MALE F	-EMALE		NUMBER (CF OR DOC)			VESSEL NAME				ACTIVITY				
SWIMMER	HULL IDENTIFICATI	ON NU	JMBER			HORSEPOWER	RENTE	D	ow	NERS NAME			00 🗌				)		
MOORED	DIRECTION OF TRAVEL				# PERSONS ON BO	VESSEL DAMAG	E			OWNERS STREET / MAILING ADDRESS									
OTHER	ESTIMATED SPEED	DISPOSITION OF VE	SSEL		ESTIMATED DAI	R 🗌 TOTAL		СІТ											
	NAME (FIRST, MIDD		A CT )			STREET / MAILING ADDRE													
PARTY #2	DOB / AGE		401)		SEX			CITY			5			ZIP		PHONE	(	)	
OPERATOR					MALE F	EMALE							STATE		ACTIVITY		(		
	VESSEL YEAR	MAKE	/MODEL/LENGTH				VESSEL NUMBE	R (CF OR	DOC)	VES	SEL NAME	. NAME			Y CREATIONAL MMERCIAL				
	HULL IDENTIFICATI	JMBER		HORSEPOWER		RENTED		DWNERS NAME				SAME	PHONE	(	)				
MOORED VESSEL					# PERSONS ON BO	ARD	VESSEL DAMAG	DR MODERATE		ow	WNERS STREET / MAILING ADDRESS								
	ESTIMATED SPEED	DISPOSITION OF V		ESTIMATED DAI				Y			STATE ZIP								
ER RTY	DESCRIPTION OF DAMAGE STIMATED DAMAGE C															NONE			
OTHER PROPERTY	OWNERS NAME				ADDRESS		STATE			ZIP PHONE ( )				NOTIFIED			□ NO		
			VICTIM / WITNE NAME, ADDRESS &			VICTIM / WITNESS Status			RIDING IN VESSEL #	DOB AGE		INJURY DESCRIPTION			LIFE JACKET WORN?			ULD 1 swim?	
ESS					INJURED DECEASED													5	
/WITN					DISAPPEARE PASSENGER WITNESS ON	ONLY				TAKEN TO HOSPITAL VES NO						KNOWN			
EASED						NJURED				TACIEIT				🗆 YES			6		
) / DEC						DISAPPEARE PASSENGER	ONLY			TAKEN	TAKEN TO HOSPITAL						KNOWN		
INJURED / DECEASED / WITN						NITNESS ON	LY			FACILIT	Y								
4						DECEASED DISAPPEARE PASSENGER				TAKEN TO HOSP		ITAL 🗌 YES 🗌 NO		🗆 NO					
SKETCH		WIN					WITNESS ON	LY			FACILIT	Υ				IOWN		KNOWN	
SKETCH (INCLUDE VESSEL, WIND, CURRENT DIRECTION)																			
INDICATE TRUE NORTH COPY OF STATE FORM BAR-1 COPED ATOD 1 COPED ATOD																			
											GIVEN	TO OPERATO							
												GUARD							
											CALIFC 2000 EV	RNIA BOATI /ERGREEN S	NG AND WATERW. TREET, SUITE 10	AYS ) SACRAI	MENTO, CA 95	815-3888			
											CORON								
DBW FORM V	AR-1 (7/02)										OTHER								

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WEATHER			WATER CONDITIONS				AVE	SIZE		WIND				LIGHTING				VISIBILITY				
CLEAR CALM					C	l Li	ESS THAN 6"			NONE			DAYLIGHT					DOD 🗌 FAIR 🗌 POOR				
						C	6'	'-2'			LIGHT (0-6 mph)					TE	RATURE					
						C	2'	-6'			MODERATE (7-14						TEMPERATORE					
						□ >6'				<ul> <li>STRONG (15-25 mph)</li> <li>STORM (25 mph &amp; over)</li> </ul>					ARTIFICIAL LIGHT     OTHER (specify)				R AIR			
					+	CAUSE OF ACCIDENT									ATION AT TIME OF ACCIDENT			SOBRIETY / DRUG				
		JF ACCIDE				#1	#2	OF ACCIDE					#2		IL OF ACCIDENT		#1	#2				
								IMPROPER	LOC	OKOUT / INATTENTION				CRUISING					HAD NOT BEEN DRINKING			
								OPERATOR		IEXPERIENCE				CHANGING DIRECTION					HBD NOT UNDER INFLUENCE HBD UNDER INFLUENCE			
COLLISION WITH FIXED OBJECT								EXCESSIVE	SP	PEED				CHANGING	G SPEED				HBD IMPAIRMENT UNKNOWN			
COLLISION WITH FLOATING OBJECT								MACHINER	Y FA	AILURE				TOWING S	KIER / TUBER				UNDER DRUG INFLUENCE			
								EQUIPMEN	T FA	AILURE				TOWING S	KIER- SKIER DOW	/N			OTHER PHYSICAL IMPAIRMENT IMPAIRMENT UNKNOWN			
								OFF-THRO	TLE	E STEERING INABILITY				TOWING A	NOTHER VESSEL				NO OPERATOR			
	FI	RE / EXPLO	SION (fuel)					IMPROPER	LOA	DADING				BEING TO	EING TOWED BY ANOTHER VESSEL		PERA	ATOR EDUCATION				
	FI	RE / EXPLO	SION (other than fu	ıel)				OVERLOAD	ING	G				DRIFTING	RIFTING							
	FL	.OODING / S	SWAMPING					HAZARDOL	JSW	WEATHER / WATER				AT ANCHO	R				US POWER SQUADRON			
		NKING	-								/ISION			TIED TO D	TIED TO DOCK				STATE COURSE INFORMAL			
			30AT / PROPELLER	2					FS	SPILLED FUEL/ VAPOR				LAUNCHIN	IG				NONE			
		(IER MISHA		-						NCHORING				DOCKING	DOCKING / LEAVING DOCK		0	PERA				
		THER						FAILURE TO	FAILURE TO VENT					SAILING					UNDER 10 HOURS			
														OTHER (s	ER (specify)				10 TO 100 HOURS OVER 100 HOURS			
V	ESSI	EL TYPE		н	ULL	MATERIAL				ROPL	JLSION			PERSONAL FLOTATION DEVICES					FIRE EXTINGUISHERS			
#1	#2					T			#1	#2			_	VESSEL #					VESSEL #1			
		OPEN MO	TORBOAT			] wood [					OUTBOARD			Was vessel	adequately equipped			。	Was the approved type of fire fighting			
					A	LUM	INUM			INBOARD				Guard approved PFDs?				equipment on board?				
					STEEL					INBOARD / OUTB	OAR	D	Were they a					Were they used?				
	- HOUSEBOAT					FIBERGLASS					JET			Were they u	sed?	VES		0	VES NO			
											SAIL ONLY			VESSEL #2			VESSEL #2					
											PADDLE / OARS			Was vessel adequately equipped with Coast Guard approved PFDs?		□ N	NO Was the approved type of fire fight equipment on board?					
										□ □ OTHER (specify)				Were they accessible?				D YES NO Were they used?				
														Were they used? YES NO			0					
ACCIDENT NARRATIVE																						
RE	PORT	NUMBER		INVESTIGATED	) BY (	NAME,	RANK)				ID NUMBER	REVIEWED E	зү									