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

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 ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO
	☐ INJURED ☐ DEAD ☐ WITNESS ONLY				☐ DROWNING ☐ TRAUMA ☐ OTHER	☐ YES ☐ NO	☐ YES ☐ NO

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

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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 *(YOUR VESSEL)*

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

INFORMATION: OPERATOR #2

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 #2 *(OTHER VESSEL INVOLVED)*

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)

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