

# OREGON STATE MARINE BOARD

## Abandoned Vessel Program Notification and Tracking Form

**This form can be used to notify the Marine Board of an abandoned vessel. Send it to:**

**Mailing Address:** Oregon State Marine Board  
Abandoned Vessel Program  
PO Box 14145  
435 Commercial St. N.E.  
Salem, OR 97309-5065

**Other Contact Information:**  
Phone: (503) 378-8587  
Fax: (503) 378-4597  
Email: [marine.board@state.or.us](mailto:marine.board@state.or.us)  
Internet: <http://www.boatoregon.com>

General Information	
Report Date: _____	Abandoned Vessel ID#: _____ <i>TO BE COMPLETED BY MARINE BOARD</i>
*Reporting Agency: _____	*Reporting Individual: _____
*Removing Authority/Reporting Agency Information: Address: _____ _____ City: _____ County: _____ State: _____ Zip: _____	*Principal Contact if Not Individual Reporting: Name: _____ Phone: _____ Fax: _____ Cell: _____ Other: _____ Email: _____
Location Information	
*Name of Waterbody: _____ County: _____ Nearest City: _____ Port District: _____ Upland Ownership: _____	River Mile: _____ Name of Moorage or Other Geographic Reference: _____ GPS or Lat/Long: _____ Waterway Depth at OLW: _____ Waterway Width at OLW: _____ Tidal Influence: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ ±Feet
Threat Information and Assessment	
*Type of Threat or Hazard: <input type="checkbox"/> Environmental <input type="checkbox"/> Safety Hazard to Navigation <input type="checkbox"/> Both <input type="checkbox"/> Other _____ Describe the threat and/or safety hazard: _____ _____ _____ Is there fuel on board? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ gallons(estimate) Are there other hazard substances on board? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	Describe the environmental resources impacted: <i>(fish species, habitat, shellfish, etc.)</i> _____ _____ Are federal or state listed species found in the area? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Is the abandoned vessel an immediate environmental threat or safety hazard to navigation? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ If not presently, could it pose a future environmental threat or safety hazard to navigation if not removed? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ Describe the normal volume and type of boat traffic: _____

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<b>Abandoned Vessel Information</b>	
Identifying Number(s): _____ HIN #: _____ Vessel Name: _____ Manufacturer: _____ *Gross Tonnage: _____ *Length: _____ *Width: _____ *Height: _____ <u>Vessel Type:</u> <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial Fishing <input type="checkbox"/> Commercial Passenger <input type="checkbox"/> Ocean Charterboat <input type="checkbox"/> Commercial (other) <input type="checkbox"/> Other: _____ <u>Hull Material:</u> <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	Color: _____ <u>Vessel Propulsion Type:</u> <input type="checkbox"/> Power (single propeller) <input type="checkbox"/> Power (twin screw) <input type="checkbox"/> Power (jet pump) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sail only <input type="checkbox"/> Sail with auxiliary outboard <input type="checkbox"/> Sail with auxiliary inboard <u>Vessel Engine Type:</u> <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Outboard <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <u>Type of Fuel:</u> <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric (battery) <input type="checkbox"/> Other: _____
<b>Floating Home/Boathouse Information</b>	
<u>*Structure Type:</u> <input type="checkbox"/> Floating Home <input type="checkbox"/> Boathouse <input type="checkbox"/> Combo <input type="checkbox"/> Other: _____ Plate or Other Identifying Number: _____ Other Identifying Markings: _____ *Length: _____ *Width: _____ *Height: _____	<u>Construction Type:</u> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Mixed Materials Exterior Color: _____ <u>Floatation Material:</u> <input type="checkbox"/> Log <input type="checkbox"/> Barrel/Box <input type="checkbox"/> Foam <input type="checkbox"/> Other General Description: _____
<b>Status &amp; Condition Information</b>	
<u>Status</u> On the date of this report or at last inspection, the abandoned vessel, floating home or boathouse was: <input type="checkbox"/> Floating <input type="checkbox"/> Sinking <input type="checkbox"/> Grounded or sunken <input type="checkbox"/> Other (explain): _____ Was it secured? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe how and to what it was secured: _____ If not secured, is it likely to move as the result of normal currents or wave, wake or tidal action? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes: If yes, describe potential results: _____	<u>Condition</u> On the date of this report or at last inspection, the structural integrity of the abandoned vessel, floating home or boathouse appeared to be: <input type="checkbox"/> Stable <input type="checkbox"/> Unstable <input type="checkbox"/> Unknown Its general state of repair appeared to be: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Bad <input type="checkbox"/> Unknown If afloat, did it appear to be taking on water? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how soon is it likely to sink? _____ hours    _____ days    _____ weeks Describe its condition: _____ _____ Photos Attached: <input type="checkbox"/> No <input type="checkbox"/> Yes: #: _____

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Owner, Lien Holder & Insurer Information	
TO BE COMPLETED BY MARINE BOARD	
<u>Title Information:</u> <input type="checkbox"/> None on Record Name(s) on Title: _____  Address: _____  City: _____ County: _____  State: _____ Zip: _____ Phone: _____	<u>Lien Holder Information:</u> <input type="checkbox"/> None on Record Lien Holder(s): _____  Lien Holder Address: _____  City: _____ County: _____  State: _____ Zip: _____ Phone: _____
<u>Registered Owner (if different):</u> <input type="checkbox"/> None on Record Name(s) on Registration: _____  Address on Registration: _____  City: _____ County: _____  State: _____ Zip: _____ Phone: _____	<u>Insurer Information:</u> <input type="checkbox"/> None on Record Insurer Name: _____  Insurer Address: _____  City: _____ County: _____  State: _____ Zip: _____ Phone: _____

Was the Owner/Interested party given legal Notice?     No     Yes     N/A    End Date: \_\_\_\_\_  
Has Record of Owner Contact Been Submitted?     No     Yes     Complete    Date: \_\_\_\_\_

Consultation Information	
U.S. Coast Guard: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Note contacts with these agencies and the results: Result: _____
Corps of Engineers: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
U.S. EPA: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
U.S. NOAA: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
ODEQ: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
ODFW: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
OSP (Fish & Wild.): <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
ODSL (State Lands): <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
County Sheriff: <input type="checkbox"/> No <input type="checkbox"/> Yes    Date: _____ Name: _____ Phone: _____	Result: _____
Other Agency: _____ Date: _____ Name: _____ Phone: _____	Result: _____



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Estimated Cost Worksheet				
Cost Categories and Items	Performed By	Rate	Duration	Cost
Pre-removal consulting/inspection activities subtotal:				\$
Item:				
Item:				
Removal activities subtotal:				\$
Item:				\$
Cleanup activities subtotal:				\$
Item:				\$
Other activity costs subtotal:				\$
Item:				\$
Subtotal of equipment costs:				\$
Subtotal of labor costs:				\$
Costs reimbursed by or recovered from owner/insurer:				\$
Costs recouped through disposal of abandoned property:				\$