



Oregon State Marine Board Recreational Boating Accident Report

Confidential - This Report is Not Public Record - ORS 830.490
 The operator of every vessel involved in an accident resulting in injury or death of any person, *or* total property damage in excess of \$2,000 is required by law to file a written report. **ORS 830.480**
Reports must be submitted within 48 hours in case of death or injury.
10 days in accidents involving only property damage.

Marine Board File Number
 45 _____ / _____
 Mail completed form to:
ATTN: Boating Accidents
Oregon State Marine Board
PO Box 14145
Salem, OR 97309

Accident Date: _____ Time: AM PM Time Police Notified: AM PM Name of Water Body: _____

Location on Water (Precisely): _____ Nearest City or Town: _____ County: _____

Nearest Boat Ramp Access: _____ State: _____ Rented Boat? Yes No Commercial Recreational

Your Boat Operator Name: (Last, First, Middle) _____ Boater Education Card ID #: _____ Age/Date of Birth _____ Male Female

Mailing Address _____ City _____ State _____ Zip _____ Phone _____

Physical Address Same as Mailing Address _____ City _____ State _____ Zip _____ Phone _____

Boat Owner Name Same as Operator _____ Address (City, State, Zip) _____ Phone _____

Regarding Your Boat:
 # People on Board: _____
 # People Towed: skiers, tubers etc. _____
 # Life Jackets on Board: _____
 # People Wearing Life Jackets: _____
 # Injured Beyond First Aid: _____
 # Deceased: _____
 # Disappeared: _____

Boat Registration #: _____
 HIN #: _____

Operator's Experience This Type of Boat: <input type="checkbox"/> Under 10 Hours <input type="checkbox"/> 10 - 100 Hours <input type="checkbox"/> 100 - 500 Hours <input type="checkbox"/> Over 500 Hours	Operator's Experience Other Type of Boat: <input type="checkbox"/> Under 10 Hours <input type="checkbox"/> 10 - 100 Hours <input type="checkbox"/> 100 - 500 Hours <input type="checkbox"/> Over 500 Hours	Formal Instruction in Boating Safety: (Includes Boater Education Card Courses) <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Internet <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> American Red Cross _____	Has your boat been examined in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" by whom: <input type="checkbox"/> USCG Auxiliary VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> US Power Squadron VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law Enforcement (Agency) _____ <input type="checkbox"/> Other (Name) _____
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ACCIDENT DATA

Weather <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Other (Specify) _____	Forecast Obtained?: <input type="checkbox"/> Yes <input type="checkbox"/> No It Was: <input type="checkbox"/> Day <input type="checkbox"/> Night Visibility Was: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wind <input type="checkbox"/> None (0 mph) <input type="checkbox"/> Light (Over 0 - 12mph) <input type="checkbox"/> Moderate (13 - 25 mph) <input type="checkbox"/> Strong (26 - 55 mph) <input type="checkbox"/> Stormy (Over 55 mph) Approximate Air Temp. _____	Water <input type="checkbox"/> Calm (up to 6 in) Strong Current <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choppy (7 in. - 2 ft.) Hazardous Waters <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rough (Over 2 ft. - 6 ft.) Congested Waters <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Very Rough (Over 6 ft.) Approximate Water Temp. _____	Operator / Passenger Activities: <input type="checkbox"/> Fishing <input type="checkbox"/> White Water Activity (e.g., rafting) <input type="checkbox"/> Hunting <input type="checkbox"/> Relaxing <input type="checkbox"/> Tubing <input type="checkbox"/> Other (List) _____ <input type="checkbox"/> Water Skiing _____ <input type="checkbox"/> Making Repairs _____ <input type="checkbox"/> Starting Engine _____
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Your boat operations at the time of accident: <input type="checkbox"/> Sailing <input type="checkbox"/> Changing Direction <input type="checkbox"/> Drifting <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Racing <input type="checkbox"/> Tied to Dock/Mooring <input type="checkbox"/> At Anchor <input type="checkbox"/> Towing another Vessel <input type="checkbox"/> Being Towed <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Launching <input type="checkbox"/> Cruising (underway) <input type="checkbox"/> Changing Speed <input type="checkbox"/> Other (List) _____	Indicate factors on your boat which <u>may have contributed</u> to this accident (Select all that apply): <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Hazardous Water <input type="checkbox"/> Drug Use <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Heavy Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Language Barrier <input type="checkbox"/> Hull Failure <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Navigation Rules Violation <input type="checkbox"/> Ignition of Fuel/Vapor <input type="checkbox"/> Improper Loading <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Overloading <input type="checkbox"/> Dam /Lock <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Force of Wake/Wave <input type="checkbox"/> Restricted Vision (eg. fog, darkness)	<input type="checkbox"/> Missing/Inadequate Aid to Navigation (e.g. buoy, daymarker) <input type="checkbox"/> Inadequate On-board Navigation Lights <input type="checkbox"/> People on Gunwale, Bow or Transom <input type="checkbox"/> Speed or Proximity Violation <input type="checkbox"/> Operator Error <input type="checkbox"/> Other (Describe) _____
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Failure of the following machinery/equipment on your boat contributed to this accident: <input type="checkbox"/> Engine <input type="checkbox"/> Onboard Navigation Aid (e.g. GPS, Loran) <input type="checkbox"/> Electrical System <input type="checkbox"/> Sound Equipment (e.g., horn, whistle) <input type="checkbox"/> Fuel System <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Sail/ Mast <input type="checkbox"/> Auxiliary Equipment <input type="checkbox"/> Seats <input type="checkbox"/> Onboard Lights <input type="checkbox"/> Steering <input type="checkbox"/> Other (List) _____ <input type="checkbox"/> Throttle <input type="checkbox"/> Radio <input type="checkbox"/> Shift	Types of events occurring to/on your boat during accident (select all that apply) <input type="checkbox"/> Collision w/recreational boat <input type="checkbox"/> Fire/Explosion-fuel <input type="checkbox"/> Person struck by boat <input type="checkbox"/> Collision w/commercial boat <input type="checkbox"/> Fire/Explosion-non-fuel <input type="checkbox"/> Person struck by propellor or propulsion unit <input type="checkbox"/> Collision w/fixed object <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Person electrocuted <input type="checkbox"/> Collision w/submerged object <input type="checkbox"/> Mishap of skier, tuber, etc. <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Collision w/floating object <input type="checkbox"/> Person left boat voluntarily <input type="checkbox"/> Capsizing <input type="checkbox"/> Person ejected from boat <input type="checkbox"/> Grounding <input type="checkbox"/> Person fell overboard <input type="checkbox"/> Sinking <input type="checkbox"/> Person fell on or within boat <input type="checkbox"/> Flooding/swamping <input type="checkbox"/> Sudden medical condition	Insurance Company: _____ Boat Length: _____ Manufacturer: _____ Model Name: _____ Model Year: _____ Beam width at widest point _____ ft. Depth from transom (stern) to keel (bottommost point): _____ ft. _____ in. Fire Extinguishers: _____ # Extinguishers _____ # Used _____ Type (e.g., A,B,C) _____
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Hull Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Rubber/vinyl/canvas <input type="checkbox"/> Other (describe) _____	Boat Type <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Sail (only) <input type="checkbox"/> Canoe <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Other (describe) _____	Available Propulsion: <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Manual <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Other (describe) _____	Fuel Type: <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	Engine Type: <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> Inboard <input type="checkbox"/> None	Number of Boats in this Accident: _____ Damage Estimate This Boat _____ Other Boat(s) _____ Other Property _____ TOTAL _____	# of Engines: _____ Total Horsepower: _____ Manufacturer(s): _____ Describe damage: _____
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COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

DECEASED

Name	Address	Age/Date of Birth	Death Caused By: <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other (list) _____
Name	Address	Age/Date of Birth	Death Caused By: <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other (list) _____
Name	Address	Age/Date of Birth	Death Caused By: <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other (list) _____

INJURED (including Hypothermia)

Name Treated: <input type="checkbox"/> By EMT <input type="checkbox"/> At Hospital <input type="checkbox"/> Released <input type="checkbox"/> Admitted	Address	Age/Date of Birth	Nature of Injury (describe): Incapacitated over 24 hrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name Treated: <input type="checkbox"/> By EMT <input type="checkbox"/> At Hospital <input type="checkbox"/> Released <input type="checkbox"/> Admitted	Address	Age/Date of Birth	Nature of Injury (describe): Incapacitated over 24 hrs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name Treated: <input type="checkbox"/> By EMT <input type="checkbox"/> At Hospital <input type="checkbox"/> Released <input type="checkbox"/> Admitted	Address	Age/Date of Birth	Nature of Injury (describe): Incapacitated over 24 hrs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe what happened and what could have prevented this accident.
 Include a detailed description of the events leading up to and including this accident and a diagram:

If your boat has an engine cut-off switch (lanyard or wireless) was it used?: Yes No None

PERSON COMPLETING REPORT

Name	Address	Age/Date of Birth	Date Submitted
Signature			Phone:
<input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify) _____			Cell Phone:

VESSEL #2 INFORMATION

Name of Operator	Address	Phone: Cell Phone:	Age/Date of Birth	Boat Registration #
Name of Owner <input type="checkbox"/> Same as Operator	Address	Phone: Cell Phone:	Age/Date of Birth	Boat Name

PASSENGERS/WITNESSES

Name <input type="checkbox"/> Passenger <input type="checkbox"/> Witness	Address	Phone: Cell Phone:
Name <input type="checkbox"/> Passenger <input type="checkbox"/> Witness	Address	Phone: Cell Phone:
Name <input type="checkbox"/> Passenger <input type="checkbox"/> Witness	Address	Phone: Cell Phone: