



# 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 #: \_\_\_\_\_

<b>Operator's Experience This Type of Boat:</b> <input type="checkbox"/> Under 10 Hours <input type="checkbox"/> 10 - 100 Hours <input type="checkbox"/> 100 - 500 Hours <input type="checkbox"/> Over 500 Hours	<b>Operator's Experience Other Type of Boat:</b> <input type="checkbox"/> Under 10 Hours <input type="checkbox"/> 10 - 100 Hours <input type="checkbox"/> 100 - 500 Hours <input type="checkbox"/> Over 500 Hours	<b>Formal Instruction in Boating Safety: (Includes Boater Education Card Courses)</b> <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 _____	<b>Has your boat been examined in the past year? If "Yes" by whom:</b> <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

<b>Weather</b> <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) _____	<b>Forecast Obtained?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>It Was:</b> <input type="checkbox"/> Day <input type="checkbox"/> Night <b>Visibility Was:</b> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<b>Wind</b> <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. _____	<b>Water</b> <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. _____	<b>Operator / Passenger Activities:</b> <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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<b>Your boat operations at the time of accident:</b> <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) _____	<b>Indicate factors on your boat which may have contributed to this accident (Select all that apply):</b> <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)	<b>Failure of the following machinery/equipment on your boat contributed to this accident:</b> <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	<b>Types of events occurring to/on your boat during accident (select all that apply)</b> <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 propeller 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	<b>Insurance Company:</b> _____ <b>Boat Length:</b> _____ <b>Manufacturer:</b> _____ <b>Model Name:</b> _____ <b>Model Year:</b> _____ <b>Beam width at widest point</b> _____ ft. <b>Depth from transom (stern) to keel (bottommost point):</b> _____ ft. _____ in. <b>Fire Extinguishers:</b> # Extinguishers _____ # Used _____ Type (e.g., A,B,C) _____
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<b>Hull Material</b> <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) _____	<b>Boat Type</b> <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) _____	<b>Available Propulsion:</b> <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) _____	<b>Fuel Type:</b> <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric	<b>Engine Type:</b> <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> Inboard <input type="checkbox"/> None	<b>Number of Boats in this Accident</b> _____	<b>Damage Estimate</b> This Boat _____ Other Boat(s) _____ Other Property _____ <b>TOTAL</b> _____	<b># of Engines:</b> _____ <b>Total Horsepower:</b> _____ <b>Manufacturer(s):</b> _____	<b>Describe damage:</b> _____
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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: