



# Oregon State Marine Board Recreational Boating Incident Form

**Confidential - This Report is Not Public Record - ORS 830.490**

OSMB is providing this form as required by ORS 830.485. The operator of every vessel involved in an incident resulting in injury or death of any person, or total property damage in excess of \$2000 is required by law to file an incident report. **Form must be completed and submitted within 48 hours in case of death or injury, 10 days if incidents involve only property damage.**

<b>Marine Board File Number</b> 45 /
Mail completed form to: <b>ATTN: Boating Incidents</b> Oregon State Marine Board PO Box 14145 Salem OR 97309

Incident Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	Time Police Notified: <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Waterbody:		
Location on Water (Precisely):		Nearest City or Town:		County:	
Nearest Boat Ramp Access:		State:	<input type="checkbox"/> Rented Boat <input type="checkbox"/> Borrowed Boat	<input type="checkbox"/> Commercial <input type="checkbox"/> Recreational	
<b>Your Boat</b>	Operator Name: (Last, First, Middle):	Boater Education Card #:	Age/Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:			City	State	Zip Phone
Physical Address: <input type="checkbox"/> Same as Mailing Address			City	State	Zip Phone
Boat Owner Name: <input type="checkbox"/> 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: \_\_\_\_\_

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.	Number of Boats in this incident:	Damage Estimate: This boat _____ Other Boat (s) _____ Property _____ TOTAL _____	Boat Totaled? <input type="checkbox"/> Yes <input type="checkbox"/> No Boat Lost? <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguishers: # Extinguishers _____ Type (e.g., A, B, C) _____		Operator's Experience in 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		
Formal Instruction in Boating Safety: (Includes Boater Education Card Courses) <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadron <input type="checkbox"/> CG/Captain's License		Has your boat been examined in the past year? If "Yes" by whom? <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Law Enforcement (Agency) _____ <input type="checkbox"/> Other (Name) _____		
<input type="checkbox"/> State Course <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify): _____		VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### INCIDENT 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): _____	Forecast <input type="checkbox"/> Yes Obtained? <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	<b>Wind:</b> <input type="checkbox"/> None (0 mph) <input type="checkbox"/> Light (Over 0 - 12 mph) <input type="checkbox"/> Moderate (13 - 25 mph) <input type="checkbox"/> Strong (26 - 55 mph) <input type="checkbox"/> Stormy (Over 55 mph)	<b>Water:</b> <input type="checkbox"/> Calm (up to 6 in) <input type="checkbox"/> Choppy (7 in - 2 ft) <input type="checkbox"/> Rough (Over 2 ft - 6 ft) <input type="checkbox"/> Very Rough (Over 6 ft)	Strong <input type="checkbox"/> Yes Current <input type="checkbox"/> No Hazardous Waters <input type="checkbox"/> Yes <input type="checkbox"/> No Congested Waters <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Operator / Passenger Activities:</b> <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Tubing <input type="checkbox"/> Water Skiing <input type="checkbox"/> Making Repairs <input type="checkbox"/> Starting Engine <input type="checkbox"/> Relaxing	<input type="checkbox"/> White Water Activity (e.g. rafting) <input type="checkbox"/> Other (list) _____
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<b>Your boat operations at the time of incident:</b> <input type="checkbox"/> Sailing <input type="checkbox"/> Drifting <input type="checkbox"/> Racing <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Launching <input type="checkbox"/> Charging Speed	<input type="checkbox"/> Changing Direction <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Tied to Dock/Mooring <input type="checkbox"/> Towing Another Boat <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Cruising (Underway) <input type="checkbox"/> Other: _____	<b>Indicate factors on your boat which may have contributed to this incident (select all that apply):</b> <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Improper Loading <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Lookout	<input type="checkbox"/> Operator Inattention <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Language Barrier <input type="checkbox"/> Navigation Rules Violation <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Force of Wake/Wave	<input type="checkbox"/> Hazardous Water <input type="checkbox"/> Heavy Weather <input type="checkbox"/> Hull Failure <input type="checkbox"/> Ignition of Fuel/Vapor <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Restricted Vision (e.g. 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 (Specify): _____
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<b>Failure of this machinery/equipment on your boat contributed to this incident:</b> <input type="checkbox"/> Engine <input type="checkbox"/> Electrical System <input type="checkbox"/> Fuel System <input type="checkbox"/> Sail/Mast <input type="checkbox"/> Seats <input type="checkbox"/> Steering <input type="checkbox"/> Throttle <input type="checkbox"/> Radio <input type="checkbox"/> Shift	<input type="checkbox"/> Onboard Navigation Aid (e.g. GPS, Loran) <input type="checkbox"/> Sound Equipment (e.g. Horn, whistle) <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Auxiliary Equipment <input type="checkbox"/> Onboard Lights <input type="checkbox"/> Other (list): _____	<b>Types of events occurring to/on your boat during incident (select all that apply):</b> <input type="checkbox"/> Collision w/ recreational boat <input type="checkbox"/> Collision w/ commercial boat <input type="checkbox"/> Collision w/ fixed object <input type="checkbox"/> Collision w/ submerged object <input type="checkbox"/> Collision w/ floating object <input type="checkbox"/> Capsizing <input type="checkbox"/> Grounding <input type="checkbox"/> Sinking <input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> Fire/Explosion-Fuel <input type="checkbox"/> Fire/Explosion-Non-Fuel <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Mishap of skier, tuber, etc. <input type="checkbox"/> Person left boat voluntarily <input type="checkbox"/> Person ejected from boat <input type="checkbox"/> Person fell overboard <input type="checkbox"/> Person fell on or within boat <input type="checkbox"/> Sudden medical condition	<input type="checkbox"/> Person struck by boat <input type="checkbox"/> Person struck by propeller or propulsion unit <input type="checkbox"/> Person electrocuted <input type="checkbox"/> Other (describe): _____ Your Approximate Boat Speed _____
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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 (Specify): _____	<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"/> Personal Watercraft <input type="checkbox"/> Airboat <input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Houseboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Stand Up Paddleboard <input type="checkbox"/> Other (Describe): _____	<b>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>Engine Type:</b> <input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> Inboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Other (Describe): _____	<b>Fuel Type:</b> <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other (Describe): _____
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