


VESSEL ACCIDENT REPORT

AGENCY NAME TAKING REPORT				NO INJURED		NO KILLED		AGENCY REPORT NUMBER			
LOCATION	BODY of WATER ACCIDENT OCCURRED ON					MONTH	DAY	YEAR	TIME (2400)		
	COUNTY ACCIDENT OCCURRED IN		NEAREST LANDMARK (NAVIGATION AID) FEET / MILES OF			INVESTIGATED BY		PHONE ()			
PARTY #1	NAME (FIRST, MIDDLE, LAST)					STREET / MAILING ADDRESS					
	DOB / AGE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CITY		STATE		ZIP		PHONE ()
OPERATOR <input type="checkbox"/>	VESSEL YEAR		MAKE/MODEL/LENGTH		VESSEL NUMBER (CF OR DOC)		VESSEL NAME		ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> WORKBOAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER		
SWIMMER <input type="checkbox"/>	HULL IDENTIFICATION NUMBER <input type="checkbox"/> NONE			HORSEPOWER	RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNERS NAME		<input type="checkbox"/> SAME	PHONE ()		
MOORED VESSEL <input type="checkbox"/>	DIRECTION OF TRAVEL		# PERSONS ON BOARD	VESSEL DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL		OWNERS STREET / MAILING ADDRESS <input type="checkbox"/> SAME					
OTHER <input type="checkbox"/>	ESTIMATED SPEED	DISPOSITION OF VESSEL			ESTIMATED DAMAGE \$\$ <input type="checkbox"/> NONE		CITY		STATE		ZIP
PARTY #2	NAME (FIRST, MIDDLE, LAST)					STREET / MAILING ADDRESS					
	DOB / AGE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CITY		STATE		ZIP		PHONE ()
OPERATOR <input type="checkbox"/>	VESSEL YEAR		MAKE/MODEL/LENGTH		VESSEL NUMBER (CF OR DOC)		VESSEL NAME		ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> WORKBOAT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER		
SWIMMER <input type="checkbox"/>	HULL IDENTIFICATION NUMBER <input type="checkbox"/> NONE			HORSEPOWER	RENTED <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNERS NAME		<input type="checkbox"/> SAME	PHONE ()		
MOORED VESSEL <input type="checkbox"/>	DIRECTION OF TRAVEL		# PERSONS ON BOARD	VESSEL DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MODERATE <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL		OWNERS STREET / MAILING ADDRESS <input type="checkbox"/> SAME					
OTHER <input type="checkbox"/>	ESTIMATED SPEED	DISPOSITION OF VESSEL			ESTIMATED DAMAGE \$\$ <input type="checkbox"/> NONE		CITY		STATE		ZIP
OTHER PROPERTY	DESCRIPTION OF DAMAGE								ESTIMATED DAMAGE \$\$ <input type="checkbox"/> NONE		
	OWNERS NAME				ADDRESS		STATE		ZIP		PHONE ()
INJURED / DECEASED / WITNESS	VICTIM / WITNESS NAME, ADDRESS & PHONE			VICTIM / WITNESS STATUS		RIDING IN VESSEL #	DOB/ AGE	INJURY DESCRIPTION		LIFE JACKET WORN?	COULD VICTIM SWIM?
				<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> PASSENGER ONLY <input type="checkbox"/> WITNESS ONLY				TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
				<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> PASSENGER ONLY <input type="checkbox"/> WITNESS ONLY				TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
				<input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED <input type="checkbox"/> DISAPPEARED <input type="checkbox"/> PASSENGER ONLY <input type="checkbox"/> WITNESS ONLY				TAKEN TO HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO FACILITY _____		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
SKETCH (INCLUDE VESSEL, WIND, CURRENT DIRECTION)						 INDICATE TRUE NORTH		MISCELLANEOUS			
								COPY OF STATE FORM BAR-1 GIVEN TO OPERATOR (S) <input type="checkbox"/> OPERATOR 1 <input type="checkbox"/> OPERATOR 2			
								REPORT FORWARDED TO:			
								COAST GUARD			
								CALIFORNIA BOATING AND WATERWAYS 2000 EVERGREEN STREET, SUITE 100 SACRAMENTO, CA 95815-3888			
								CORONER			
								OTHER			

