


All previous editions are obsolete and must be destroyed 	BOATING ACCIDENT REPORT (REQUIRED BY ORS 830.480)	MARINE BOARD FILE NUMBER 45 /
The operator of every vessel involved in an accident resulting in injury or death of any person, or property damage in excess of \$2000 is required by law to file a written report. Reports must be submitted within 48 hours in case of death or injury, 10 days in accidents involving only property damage.		Mail to: STATE MARINE BOARD P.O. Box 14145 Salem, OR 97309

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME, ADDRESS AND TELEPHONE NUMBER OF OPERATOR	OPERATOR AGE _____ DOB _____	OPERATOR'S EXPERIENCE THIS TYPE OF BOAT <input type="checkbox"/> UNDER 20 HOURS <input type="checkbox"/> 20 TO 100 HOURS <input type="checkbox"/> 100 TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS
NAME, ADDRESS AND TELEPHONE NUMBER OF OWNER	NUMBER OF PERSONS ON BOARD _____ TOWED _____	OTHER BOAT OPERATING EXP. <input type="checkbox"/> UNDER 20 HOURS <input type="checkbox"/> 20 TO 100 HOURS <input type="checkbox"/> 100 TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS
NAME OF INSURANCE CARRIER	HAS YOUR BOAT EVER BEEN EXAMINED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BY WHOM: _____ (YEAR _____) <input type="checkbox"/> U.S. COAST GUARD AUXILIARY <input type="checkbox"/> LAW ENFORCEMENT (Coast Guard, Sheriff, State Police) <input type="checkbox"/> OTHER (SPECIFY) _____	FORMAL INSTRUCTIONS IN BOATING SAFETY <input type="checkbox"/> NONE <input type="checkbox"/> STATE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> OTHER (Indicate) _____ <input type="checkbox"/> U.S. POWER SQUADRON <input type="checkbox"/> AMERICAN RED CROSS
RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO		

VESSEL NO. 1

BOAT NUMBER	BOAT NAME	BOAT MANUFACTURER	BOAT MODEL	MFR HULL IDENTIFICATION NO.
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> SAIL <input type="checkbox"/> RAFT <input type="checkbox"/> CANOE <input type="checkbox"/> OTHER (Specify) _____	HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS (Plastic) <input type="checkbox"/> OTHER (Specify) _____	PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD-OUTDRIVE <input type="checkbox"/> SAIL <input type="checkbox"/> PADDLE <input type="checkbox"/> OTHER (Specify) _____	BOAT DATA (Construction) LENGTH _____ WIDTH BEAM _____ DEPTH (Inner Transom to Keel) _____ YEAR BUILT (Boat) _____	BOAT DATA (Propulsion) NO. OF ENGINES _____ MAKE _____ HORSEPOWER (total) _____ YR. BUILT (Engine) _____ PRIMARY BOAT USE <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL

ACCIDENT DATA

DATE OF ACCIDENT	TIME _____ A.M. _____ P.M.	NAME OF BODY OF WATER	LOCATION (Give location precisely)		
STATE	NEAREST CITY OR TOWN	COUNTY			
WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM <input type="checkbox"/> CHOPPY <input type="checkbox"/> ROUGH <input type="checkbox"/> VERY ROUGH <input type="checkbox"/> STRONG CURRENT	TEMPERATURES (Estimate) AIR _____ °F WATER _____ °F	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0-6 MPH) <input type="checkbox"/> MODERATE (7-14 MPH) <input type="checkbox"/> STRONG (15-25 MPH) <input type="checkbox"/> STORM (Over 25 MPH)	VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	WEATHER ENCOUNTERED <input type="checkbox"/> WAS AS FORECAST <input type="checkbox"/> NOT AS FORECAST <input type="checkbox"/> NO FORECAST OBTAINED
OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> CRUISING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> DOCKING/UNDocking <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> WATER SKIING <input type="checkbox"/> FUELING <input type="checkbox"/> RACING <input type="checkbox"/> FISHING <input type="checkbox"/> TOWING <input type="checkbox"/> HUNTING <input type="checkbox"/> BEING TOWED <input type="checkbox"/> SKIN DIVING OR SWIMMING <input type="checkbox"/> DRIFTING <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> OTHER (Specify) _____		TYPE OF ACCIDENT (Check all applicable) <input type="checkbox"/> GROUNDING <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> CAPSIZING <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> FLOODING <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> SINKING <input type="checkbox"/> FALLS IN BOAT <input type="checkbox"/> FIRE OR EXPLOSION (Fuel) <input type="checkbox"/> HIT BY BOAT OR PROPELLER <input type="checkbox"/> FIRE OR EXPLOSION (Other than fuel) <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> OTHER (Specify) _____		WHAT, IN YOUR OPINION, CAUSED THE ACCIDENT? <input type="checkbox"/> WEATHER <input type="checkbox"/> FAULT OF HULL CONDITIONS <input type="checkbox"/> FAULT OF MACHINERY <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> FAULT OF EQUIPMENT <input type="checkbox"/> NO PROPER LOOKOUT <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> OVERLOADING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	

PERSONAL FLOTATION DEVICES

FIRE EXTINGUISHERS

WAS THE BOAT ADEQUATELY EQUIPPED WITH CG APPROVED LIFESAVING DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS THE VESSEL CARRYING NON-APPROVED LIFESAVING DEVICES <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO WERE THEY USED <input type="checkbox"/> YES <input type="checkbox"/> NO	WERE THEY USED – (If yes, list Type(s) and number used.) <input type="checkbox"/> YES _____ <input type="checkbox"/> NO _____ <input type="checkbox"/> NOT APPLICABLE _____
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PROPERTY DAMAGE (Est.)	DESCRIBE PROPERTY DAMAGE
THIS BOAT \$ _____	
OTHER BOAT \$ _____	
OTHER PROPERTY \$ _____	

NAME AND ADDRESS OF OWNER (Damaged Property)
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COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

DECEASED

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM- <input type="checkbox"/> SWIMMER <input type="checkbox"/> NON-SWIMMER	DEATH CAUSED BY <input type="checkbox"/> DROWNING <input type="checkbox"/> DISAPPEARANCE <input type="checkbox"/> OTHER
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM- <input type="checkbox"/> SWIMMER <input type="checkbox"/> NON-SWIMMER	DEATH CAUSED BY <input type="checkbox"/> DROWNING <input type="checkbox"/> DISAPPEARANCE <input type="checkbox"/> OTHER
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM- <input type="checkbox"/> SWIMMER <input type="checkbox"/> NON-SWIMMER	DEATH CAUSED BY <input type="checkbox"/> DROWNING <input type="checkbox"/> DISAPPEARANCE <input type="checkbox"/> OTHER

INJURED

NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	INCAPACITATED OVER 24 HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	INCAPACITATED OVER 24 HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	INCAPACITATED OVER 24 HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED AND WHAT COULD HAVE PREVENTED THIS ACCIDENT.
(Include a detailed description of the events leading up to, and including this accident. The accident can then be analyzed from a safety viewpoint.) Include diagram.

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	DATE SUBMITTED
QUALIFICATION (Check one) <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER		TELEPHONE

VESSEL NO.2

NAME OF OPERATOR	ADDRESS	BOAT NUMBER
TELEPHONE NUMBER		BOAT NAME
NAME OF OWNER	ADDRESS	

WITNESSES

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

(do not use) - FOR REPORTING AUTHORITY REVIEW (use agency date stamp)

NAME OF REVIEWING OFFICE	DATE RECEIVED	CAUSES BASED ON (Check one) <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION AND THIS REPORT
PRIMARY CAUSE OF ACCIDENT		<input type="checkbox"/> INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED
SECONDARY CAUSE OF ACCIDENT		REVIEWED BY