



STATE OF ALASKA

PLEASE TYPE OR PRINT - FILL OUT COMPLETELY

BOATING ACCIDENT REPORT

CASE #

The operator/owner of a boat used for non-commercial purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Federal Law requires reports in death and injury cases must be submitted with 48 hours and reports in other cases must be submitted within 10 days. Reports must be submitted either to any office of the State of Alaska, Dept. of Public Safety or by mail to: State of Alaska, Office of Boating Safety (550 W. 7th Ave., Suite 1380, Anchorage, AK 99501). This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS. (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

DATE OF ACCIDENT		TIME	AM PM	NAME OF BODY OF WATER		LOCATION (Give Location Precisely)				
NUMBER OF VESSELS INVOLVED		NEAREST CITY OR TOWN		COUNTY		STATE		ZIP CODE		
WEATHER		WATER CONDITIONS			TEMPERATURE (Estimate)		WIND		VISIBILITY	
<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Calm (Waves less than 6")			Air _____ °F		<input type="checkbox"/> None	DAY		NIGHT
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snow	<input type="checkbox"/> Choppy (Waves 6" to 2')			Water _____ °F		<input type="checkbox"/> Light (0-6 mph)	<input type="checkbox"/> Good	<input type="checkbox"/>	
<input type="checkbox"/> Fog	<input type="checkbox"/> Hazy	<input type="checkbox"/> Rough (Waves 2' to 6')					<input type="checkbox"/> Moderate (7-14 mph)	<input type="checkbox"/> Fair	<input type="checkbox"/>	
		<input type="checkbox"/> Very Rough (Greater than 6")					<input type="checkbox"/> Strong (15-25 mph)	<input type="checkbox"/> Poor	<input type="checkbox"/>	
		<input type="checkbox"/> Strong Current					<input type="checkbox"/> Storm (Over 25 mph)			<input type="checkbox"/>
NAME OF OPERATOR					OPERATOR ADDRESS					
OPERATOR TELEPHONE NUMBER ()		DATE OF BIRTH Mo Day Year		OPERATOR'S EXPERIENCE		INSTRUCTION IN BOATING SAFETY				
<input type="checkbox"/> Male	<input type="checkbox"/> Female			<input type="checkbox"/> None		<input type="checkbox"/> State Course <input type="checkbox"/> U.S. Power Squadron				
				<input type="checkbox"/> Under 100 Hours		<input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross				
				<input type="checkbox"/> Over 100 Hours		<input type="checkbox"/> None <input type="checkbox"/> Other (Specify)				
NAME OF OWNER					OWNER ADDRESS					
OWNER TELEPHONE NUMBER ()		NUMBER OF PEOPLE ON BOARD		NUMBER OF PEOPLE BEING TOWED		RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No				
BOAT NO. 1 (This Vessel)										
BOAT REGISTRATION OR DOCUMENTATION NUMBER			STATE		HULL IDENTIFICATION NUMBER			BOAT NAME		
BOAT MANUFACTURER				LENGTH		MODEL			YEAR BUILT	
TYPE OF BOAT		HULL MATERIAL		ENGINE		PROPULSION		PERSONAL FLOTATION DEVICES (PFDs): Was Boat Adequately equipped with Coast Guard Approved PFDs?		
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Wood	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Outboard	<input type="checkbox"/> Inboard	<input type="checkbox"/> Propeller	<input type="checkbox"/> Water Jet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Sail (only)	<input type="checkbox"/> Steel	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Inboard-Stemdrive (I/O)	<input type="checkbox"/> Air Thrust	<input type="checkbox"/> Manual	<input type="checkbox"/> Sail	Were PFDs Accessible?		
<input type="checkbox"/> Rowboat	<input type="checkbox"/> Canoe/Kayak	<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Rigid Hull Inflatable	<input type="checkbox"/> Airboat					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/> Pontoon Boat	<input type="checkbox"/> Other (Specify)		FUEL		NUMBER OF ENGINES		FIRE EXTINGUISHERS		
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Gasoline		TOTAL HORSEPOWER		ON BOARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Diesel				USED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Electric						
OPERATION AT TIME OF ACCIDENT (Check all Applicable)		ACTIVITY AT TIME OF ACCIDENT			TYPE OF ACCIDENT			WHAT CONTRIBUTED TO ACCIDENT (Check all Applicable)		
<input type="checkbox"/> Cruising		<input type="checkbox"/> Fishing			<input type="checkbox"/> Grounding			<input type="checkbox"/> Weather		
<input type="checkbox"/> Changing Direction		<input type="checkbox"/> Tournament			<input type="checkbox"/> Capsizing			<input type="checkbox"/> Excessive Speed		
<input type="checkbox"/> Changing Speed		<input type="checkbox"/> Hunting			<input type="checkbox"/> Flooding/Swamping			<input type="checkbox"/> Improper Lookout		
<input type="checkbox"/> Drifting		<input type="checkbox"/> Swimming/Diving			<input type="checkbox"/> Sinking			<input type="checkbox"/> Restricted Vision		
<input type="checkbox"/> Towing		<input type="checkbox"/> Making Repairs			<input type="checkbox"/> Fire or Explosion (Fuel)			<input type="checkbox"/> Overloading		
<input type="checkbox"/> Being Towed		<input type="checkbox"/> Waterskiing/Tubing/Etc.			<input type="checkbox"/> Fire or Explosion (Other)			<input type="checkbox"/> Improper Loading		
<input type="checkbox"/> Rowing/Paddling		<input type="checkbox"/> Racing			<input type="checkbox"/> Skier Mishap			<input type="checkbox"/> Hazardous Waters		
<input type="checkbox"/> Sailing		<input type="checkbox"/> Whitewater Sports			<input type="checkbox"/> Collision with Vessel			<input type="checkbox"/> Alcohol Use		
<input type="checkbox"/> Launching		<input type="checkbox"/> Fueling			<input type="checkbox"/> Collision with Fixed Object			<input type="checkbox"/> drug Use		
<input type="checkbox"/> Docking/Undocking		<input type="checkbox"/> Starting Engine			<input type="checkbox"/> Collision with Floating Object			<input type="checkbox"/> Hull Failure		
<input type="checkbox"/> At Anchor		<input type="checkbox"/> Non-Recreational			<input type="checkbox"/> Falls Overboard			<input type="checkbox"/> Machinery Failure		
<input type="checkbox"/> Tied to Dock/Moored		<input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Falls in Boat			<input type="checkbox"/> Equipment Failure		
<input type="checkbox"/> Other (Specify)					<input type="checkbox"/> Struck By Boat			<input type="checkbox"/> Operator Inexperience		
					<input type="checkbox"/> Struck by Motor/Propeller			<input type="checkbox"/> Operator Inattention		
					<input type="checkbox"/> Struck Submerged Object			<input type="checkbox"/> Congested Waters		
					<input type="checkbox"/> Other (Specify)			<input type="checkbox"/> Passenger/Skier Behavior		
ESTIMATED SPEED								<input type="checkbox"/> Dam/Lock		
<input type="checkbox"/> 10 - 20 MPH	<input type="checkbox"/> None	<input type="checkbox"/> Under 10 MPH		<input type="checkbox"/> Hit and Run			<input type="checkbox"/> Other (Specify)			
<input type="checkbox"/> 21 - 40 MPH	<input type="checkbox"/> Over 40 MPH									

(COMPLETE OTHER SIDE)