



UTAH BOATING ACCIDENT OWNER/OPERATOR REPORT

C.G. No. _____

Case No. _____

An operator shall immediately and by the quickest means of communication available notify the nearest state park ranger or other law enforcement officer of an accident that involves a vessel or its equipment when one of the following occurs: a person dies or disappears from a vessel under circumstances that indicate death; a person is injured and receives medical treatment beyond first aid; or property is damaged in excess of \$2,000. If the operator cannot provide this notification, then another person on board shall make the notification. The operator, owner, or other person on board shall submit a completed and signed Owner/Operator Boating Accident Report (PR-53A) to the Division of Parks & Recreation, 1594 West North Temple, (PO Box 146001), Salt Lake City, UT 84114, within 10 days of the accident. (Utah Administrative Code R651-223-1 to 3)

OPERATOR DATA CHECK ONE → Operator Owner/Operator

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

YOUR EXPERIENCE THIS BOAT OTHER BOATS

Under 20 hours 100 to 500 hours Under 20 hours 100 to 500 hours None US Power Squadron American Red Cross

20 to 100 hours Over 500 hours 20 to 100 hours Over 500 hours USCG Auxiliary Utah Course Other _____

YOUR TRAINING

OTHERS CHECK ONE → Owner Witness Deceased Injured (list injury) _____ Injury means: required medical attention, unconscious or incapacitated over 24 hours

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

OTHERS CHECK ONE → Operator-other boat Witness Deceased Injured (list injury) _____

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

OTHERS CHECK ONE → Owner-other boat Witness Deceased Injured (list injury) _____

Name _____ (last) _____ (first) _____ (MI) DOB ____/____/____ Drivers license # _____ Male Female

Address _____ City _____ State _____ Zip _____ Wk. Phone _____
Hm. Phone _____

BOAT INFO Make _____ Model _____ Year _____ Length _____ Width _____

Bow # _____ Reg. decal # _____ Expires ____/____/____ HIN _____

BOAT TYPE Open motorboat Sail (only) Wood Steel Outboard Jet Single DATA

Cabin motorboat Rowboat Aluminum Rubber/Vinyl Inboard Airboat Twin Total horsepower

Personal watercraft Canoe Fiberglass I/O List: _____

Auxiliary sail Other _____ Other _____ Gas Owned Borrowed Rented

Other _____ Other _____ Diesel Rented

Occurrence date ____/____/____ Occurrence time ____:____ AM PM Area _____ (take responsibility)

Location _____ (on the water) Nearest city/town _____ County _____

CONDITIONS

WEATHER Clear Cloudy Rain Snow Haze Fog

WIND None Light (0-6 mph) Moderate (7-14 mph) Strong (15-20 mph) Storm (> 25 mph)

TEMPERATURE Air _____ Water _____ (estimated)

VISIBILITY Good Fair Poor Zero

WATER Calm (waves < 6") Choppy (waves 6"-2') Rough (waves 2'-6") Very rough (> 6") Strong current

PFDs

Adequate number? Yes No

Accessible? Yes No

Serviceable? Yes No

Proper size? Yes No

Were they used? Yes No

FIRE EXT

Used? Yes No

Type _____

SAFETY CHECK

Has your boat had a safety examination? Yes No

This year? Yes No

Examined by? State USCG Auxiliary US Power Squadrons Other*

*List _____

