

STATE OF ALASKA

(Rev. 10/09)

ALASKA BOATING ACCIDENT REPORT

CASE NO.

For the purpose of gathering accident statistics only, the operator (owner, if the operator is unable to) of a boat used for non-commercial purposes or registered by the State Alaska Department of Motor Vehicles, is required to submit 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; property damage in excess of \$500; or complete loss of the vessel. Federal law requires that in death, disappearance, and injury cases, reports must be submitted within 48 hours and in other cases within 10 days. Submit completed reports to: State of Alaska, Office of Boating Safety, 550 W. 7th Ave., Suite 1380, Anchorage, AK 99501, or fax to: (907) 269-8907, or e-mail to: officeofboatingsafety@alaska.gov. This form is provided to assist the operator in filing the required written report.

report.											
Please type or print	COMPLETE ALL	BLOCKS. (INDICATE		LICABL	E BY "NA	")					
		PERSON MAK	ING REPORT		ı						
NAME					TELEPHO	ONE NUMBER	DATE				
ADDRESS			Operator Other (describe) Owner								
		ACCIDEN	TDATA		L Own	er					
DATE OF A COIDENIT	Trings and Inc.	ACCIDEN		OCATI	ON ON T	IE MATER					
DATE OF ACCIDENT	PM	AME OF BODY OF W		LOCATION ON THE WATER							
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		В	BOROU	GH						
WEATHER	WATER CONDITION	ONS	TEMPERATUR	RE		WIND	VISIBILITY				
Clear Rain	Calm		(Estimate)		☐ None	e	DAY NIGHT				
☐ Cloudy ☐ Snow	Choppy (waves 6" to 2')		Air	• _F	Light	: (0-6 mph)	☐ Good ☐				
Fog Hazy	Rough (waves 2' to 6')				☐ Mod	erate (7-14 mph)	Fair				
Other	Very rough (waves greate	er than 6')	Water	• _F	☐ Stroi	ng (15-25 mph)	Poor				
	Strong current				☐ Stori	m (over 25 mph)					
Were weather forecasts available to t	_	use of the vessel?	ПАуа	ilable l	hefore	Available during	Not available				
Were weather reports used by the op	=			ed befo		Used during	Not used				
		of the vessel!		u beio							
TYPE OF OPERATION AT TIME OF ACC	IDENT					ACCIDENT (check all appli					
(check all applicable)		☐ Non-Commerc	cial		I = '	izing Groun	iding Sinking				
	Sailing Commercial						Flooding/Swamping				
	Launching	_			☐ Fire/	Explosion - fuel					
	Docking/Undocking	Fishing			Fire/Explosion - non-fuel						
	At anchor	Hunting			Carbon monoxide exposure						
Towing another vessel	Tied to dock/Mooring buoy	Making repair	S	Person left boat voluntarily							
Being towed	Racing	Starting engin	e		Pers	on fell overboard					
Rowing/Paddling	Other (describe)	☐ Whitewater a	ctivity		Person fell on/within boat						
		☐ Waterskiing/T	owed sports		☐ Pers	on struck by boat					
CONTRIBUTING FACTORS (c	check all applicable)				☐ Sudo	len medical condition					
	perator inattention				Person electrocuted						
	perator inexperience Heavy weather				Person struck by propellor or propulsion unit						
	anguage barrier Hull failure				Mishap of skier, tuber, wakeboarder, etc.						
	Navigation rules violation	~ ~ =				Person ejected from boat (caused by collision					
Improper loading	Failure to vent	= * · · · · · · · · · · · · · · · · · ·				or manuever)					
Overloading	Dam/lock	=				Collision with recreational boat					
	Force of wake/wave Restricted vision (e.g. fog)					Collision with commercial boat (e.g. tug, barge)					
Missing/inadequate aids to navig	gation (e.g. buoy, daymarker)	Equipment fai	lure		Colli	sion with fixed object (e.g	. dock, bridge)				
Inadequate on-board navigation					Colli:	sion with submerged obje	ct (e.g. stump,cable)				
People on gunwale, bow or trans	om				Colli	sion with floating object (e	e.g. log, buoy)				
Other (describe)			_		Othe	er (describe)					
ACCIDENT DESCRIPTION: Describe wh	nat happened (sequence of event	s) and contributing	factors, including	any fa	ilure of m	nachinery or equipment. D	Describe				
any damage to vessels or other prope											
any damage to vessels of other prope	irty. Include a diagram, it applicat	oic. Continue on aut	antional sincets, ii	110003	oury.						

				-	STIMATED F	DDODE	DTV DAN	IAGE					
TOTAL ESTIMATED AMOUNT		BOAT AND	CONTEN					IND CONTENTS		OTHER D	RODERTV		
\$ \$					Ś	IIILIN	BOAT (3) A	IND CONTENTS	OTHER PROPERTY \$				
*		т	INJUR	ED (If mo	re than 2 in	iured.	attach ac	dditional forms)		<u> </u>			
NAME OF INJURED				•	Male		emale Bir		TELEPHONI	NUMBE	R		
ADDRESS							L			,	WAS PFD W	ORN?	
											Yes	☐ No	
MEDICAL TREATMENT BEYOND	FIRST AID?	1	Yes	No	DESCRIBE I	NATUF	RE AND EX	CTENT OF INJURY					
ADMITTED TO HOSPITAL?			Yes	□No									
NAME OF INJURED					Male	Fe	male Bir	th Date	TELEPHONI	NUMBE	R		
ADDRESS										,	WAS PFD W	ORN?	
											Yes	☐ No	
MEDICAL TREATMENT BEYOND	FIRST AID?		Yes	No	DESCRIBE I	NATUF	RE AND EX	CTENT OF INJURY					
ADMITTED TO HOSPITAL?			Yes	☐ No									
		DECEASE	D or DIS	APPEAR	ED (If more	than 2	2 fatalities	s, attach additional fo	orms)				
NAME OF VICTIM					VICTIM AD	DRESS	5			1	WAS PFD W	ORN?	
											☐ Yes	☐ No	
BIRTH DATE	Male	Female	CAUSE	D BY?	Drowning	Di	sappeara	nce Unknown	Other (describ	e)			
NAME OF VICTIM					VICTIM AD	DRESS	5			,	WAS PFD W	ORN?	
											Yes	☐ No	
BIRTH DATE	Male	Female	CAUSE	D BY?	Drowning	Di	sappeara	nce Unknown	Other (describ	e)			
					BOAT NO. 1	(Repo	orting ves	sel)					
NAME OF OPERATOR		OPERATOR	ADDRES					-					
☐ Male ☐ Female		DATE OF B		_	TOR'S EXPER	RIENCE		INSTRUCTION IN BOA					
		Mo Day	Year	∐ None				State course	U.S. F				
OPERATOR TELEPHONE NUMB	ER				er 100 hours	S		USCG Auxiliary	☐ Other	(specify)			
NAME OF OWNER		OWNED AT	NDDECC.	 □Over	100 hours			√Vone					
NAME OF OWNER		OWNER AD	DDKESS										
OWNER TELEPHONE NUMBER		NUMBER C	DE DE∩DI	F ON BO	ıΔRD	NHM	IRER OF P	EOPLE BEING TOWED)	RENTED I	ROΔT?		
OWNER TELEFTIONE NOWIDER		INOIVIBER C	71 1 201 2	L ON BO	AND	INOIVI	IDEN OF T	LOI LE BEING TOWER	,	□res			
BOAT REGISTRATION OR DOCU	MENTATIO	N NUMBER			STATE	HULL	IDENTIFI	CATION NUMBER		BOAT NA			
BOAT MANUFACTURER					LENGTH		BEAM	DRAFT	MODEL		YEAR BUI	II T	
TYPE OF BOAT	lu	ULL MATERI	٨١		ENGINE		22,	PROPULSION	PERSONAL FLO	TATIONI			
Open motorboat	[7]	Wood	AL		Outb	nard		Propeller				DS).	
Cabin motorboat		=	ım		_					s boat adequately equipped h Coast Guard approved PFDs?			
										Yes No			
Auxiliary sail Sail (only) Steel Fiberglass						emanve			re PFDs worn?				
l = ' ''		_ ~			I — `	I/O) -		I		_	No		
Rowboat Canoe/Kayak		Rubber/					INIII ADEE	Sail					
l = ' '	.	Rigid hu		bie	FUEL		_	R OF ENGINES		INGUISH		п.,	
Personal watercraft (PWC	-) L	Other (s	pecity)		Gaso		MANUFA	ACTURER	ON BOA		Yes	☐ No	
Pontoon boat					Diese				How ma	_	Type _		
Houseboat					Elect		TOTAL		USED?	_	Yes	☐ No	
Other (specify)					☐ None		HORSEP		How ma	ny?	Type _		
			BOA	T NO. 2	`-			itional forms)					
NAME OF OPERATOR					OPERATOR	RADDF	RESS						
OPERATOR TELEPHONE NUMB	ER				BOAT REGI	ISTRAT	TION OR E	OCUMENTATION NU	IMBEK				
"NAME OF OWNER					OVA/AUED A								
"NAME OF OWNER					OWNER A	ADDRE	.55						
OWNED TELEDIJONE NITIVADED					NUINADED C	OF DEC	DI E ON D	OARD	NUMBE	OF DEOL	DI E DEINIC T	OMED.	
OWNER TELEPHONE NUMBER					NUMBER C	JF PEC	PPLE ON B	UAKU	NUMBE	OF PEUI	PLE BEING TO	UWED	
				‡ @V-oo	F 0, @,				l				
NAME	I a s	DDBECC		+ venv - UC	- U &				TELEBUI	NIE NII IN 4	DED		
NAME	Al	DDRESS							TELEPHO	ONE NUM	DEK		
NAME	Λ1	DDRESS							TEI EDU/	NE NUM	RER		
	A	סטעב							TELEPHO	NOIVI	DEN		
SIGNATURE OF PERSON COMP	LETING REP	ORT							DATE				
THE STATE OF THE S													

DDITIONAL SPACE PROVIDED FOR FURTHER ACCIDENT DESCRIPTION