



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.

Please type or print COMPLETE ALL BLOCKS. (INDICATE THOSE NOT APPLICABLE BY "NA")

PERSON MAKING REPORT

NAME	TELEPHONE NUMBER ()	DATE
ADDRESS	<input type="checkbox"/> Operator <input type="checkbox"/> Other (describe) <input type="checkbox"/> Owner	

ACCIDENT DATA

DATE OF ACCIDENT	TIME AM PM	NAME OF BODY OF WATER	LOCATION ON THE WATER
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		BOROUGH
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 <input type="checkbox"/> Other _____	WATER CONDITIONS <input type="checkbox"/> Calm <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very rough (waves greater than 6') <input type="checkbox"/> Strong current	TEMPERATURE (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 DAY NIGHT <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>	

Were weather forecasts available to the operator before or during the use of the vessel? Available before Available during Not available
 Were weather reports used by the operator before or during the use of the vessel? Used before Used during Not used

TYPE OF OPERATION AT TIME OF ACCIDENT (check all applicable)	<input type="checkbox"/> Non-Commercial <input type="checkbox"/> Commercial	TYPE OF ACCIDENT (check all applicable)
<input type="checkbox"/> Cruising <input type="checkbox"/> Changing direction <input type="checkbox"/> Changing speed <input type="checkbox"/> Drifting <input type="checkbox"/> Towing another vessel <input type="checkbox"/> Being towed <input type="checkbox"/> Rowing/Paddling	<input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> At anchor <input type="checkbox"/> Tied to dock/Mooring buoy <input type="checkbox"/> Racing <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Capsizing <input type="checkbox"/> Grounding <input type="checkbox"/> Sinking <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Fire/Explosion - fuel <input type="checkbox"/> Fire/Explosion - non-fuel <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Person left boat voluntarily <input type="checkbox"/> Person fell overboard <input type="checkbox"/> Person fell on/within boat <input type="checkbox"/> Person struck by boat <input type="checkbox"/> Sudden medical condition <input type="checkbox"/> Person electrocuted <input type="checkbox"/> Person struck by propeller or propulsion unit <input type="checkbox"/> Mishap of skier, tuber, wakeboarder, etc. <input type="checkbox"/> Person ejected from boat (caused by collision or maneuver) <input type="checkbox"/> Collision with recreational boat <input type="checkbox"/> Collision with commercial boat (e.g. tug, barge) <input type="checkbox"/> Collision with fixed object (e.g. dock, bridge) <input type="checkbox"/> Collision with submerged object (e.g. stump, cable) <input type="checkbox"/> Collision with floating object (e.g. log, buoy) <input type="checkbox"/> Other (describe) _____

CONTRIBUTING FACTORS (check all applicable)	<input type="checkbox"/> Hazardous waters <input type="checkbox"/> Heavy weather <input type="checkbox"/> Hull failure <input type="checkbox"/> Ignition of fuel or vapor <input type="checkbox"/> Starting in gear <input type="checkbox"/> Sharp turn <input type="checkbox"/> Restricted vision (e.g. fog) <input type="checkbox"/> Equipment failure
<input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use <input type="checkbox"/> Excessive speed <input type="checkbox"/> Improper anchoring <input type="checkbox"/> Improper loading <input type="checkbox"/> Overloading <input type="checkbox"/> Improper lookout <input type="checkbox"/> Missing/inadequate aids to navigation (e.g. buoy, daymarker) <input type="checkbox"/> Inadequate on-board navigation lights <input type="checkbox"/> People on gunwale, bow or transom <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Operator inattention <input type="checkbox"/> Operator inexperience <input type="checkbox"/> Language barrier <input type="checkbox"/> Navigation rules violation <input type="checkbox"/> Failure to vent <input type="checkbox"/> Dam/lock <input type="checkbox"/> Force of wake/wave <input type="checkbox"/> Other (describe) _____

ACCIDENT DESCRIPTION: Describe what happened (sequence of events) and contributing factors, including any failure of machinery or equipment. Describe any damage to vessels or other property. Include a diagram, if applicable. Continue on additional sheets, if necessary.

ESTIMATED PROPERTY DAMAGE			
TOTAL ESTIMATED AMOUNT \$	BOAT AND CONTENTS \$	OTHER BOAT(S) AND CONTENTS \$	OTHER PROPERTY \$
INJURED (If more than 2 injured, attach additional forms)			
NAME OF INJURED		<input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date	TELEPHONE NUMBER ()
ADDRESS			WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No		DESCRIBE NATURE AND EXTENT OF INJURY	
ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF INJURED		<input type="checkbox"/> Male <input type="checkbox"/> Female Birth Date	TELEPHONE NUMBER ()
ADDRESS			WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No		DESCRIBE NATURE AND EXTENT OF INJURY	
ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DECEASED or DISAPPEARED (If more than 2 fatalities, attach additional forms)			
NAME OF VICTIM		VICTIM ADDRESS	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
BIRTH DATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	CAUSED BY? <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe) _____	
NAME OF VICTIM		VICTIM ADDRESS	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
BIRTH DATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	CAUSED BY? <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe) _____	
BOAT NO. 1 (Reporting vessel)			
NAME OF OPERATOR		OPERATOR ADDRESS	
<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH Mo Day Year	OPERATOR'S EXPERIENCE <input type="checkbox"/> None <input type="checkbox"/> Under 100 hours <input type="checkbox"/> Over 100 hours	INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> State course <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Other (specify) <input type="checkbox"/> None
OPERATOR TELEPHONE NUMBER ()			
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 REGISTRATION OR DOCUMENTATION NUMBER		STATE	HULL IDENTIFICATION NUMBER
		BOAT NAME	
BOAT MANUFACTURER		LENGTH	BEAM
		DRAFT	MODEL
		YEAR BUILT	
TYPE OF BOAT <input type="checkbox"/> Open motorboat <input type="checkbox"/> Cabin motorboat <input type="checkbox"/> Auxiliary sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Personal watercraft (PWC) <input type="checkbox"/> Pontoon boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Other (specify) _____		HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid hull inflatable <input type="checkbox"/> Other (specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-Sterndrive (I/O) <input type="checkbox"/> None
		FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail
		NUMBER OF ENGINES MANUFACTURER	PERSONAL FLOTATION DEVICES (PFDs): Was boat adequately equipped with Coast Guard approved PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs worn? <input type="checkbox"/> Yes <input type="checkbox"/> No
		TOTAL HORSEPOWER	FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? ____ Type ____ USED? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? ____ Type ____
BOAT NO. 2 (If more than 2, attach additional forms)			
NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER ()		BOAT REGISTRATION OR DOCUMENTATION NUMBER	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ()		NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED
WITNESSES (If more than 2, attach additional forms)			
NAME	ADDRESS	TELEPHONE NUMBER ()	
NAME	ADDRESS	TELEPHONE NUMBER ()	
SIGNATURE OF PERSON COMPLETING REPORT			DATE