



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 checked="" type="checkbox"/> Owner	

ACCIDENT DATA

DATE OF ACCIDENT	TIME AM <input type="radio"/> PM <input type="radio"/>	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 <table style="width: 100%;"> <tr> <td>DAY</td> <td>NIGHT</td> </tr> <tr> <td><input type="checkbox"/> Good</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Fair</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Poor</td> <td><input type="checkbox"/></td> </tr> </table>		DAY	NIGHT	<input type="checkbox"/> Good	<input type="checkbox"/>	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Poor	<input type="checkbox"/>
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<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) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Cruising</td> <td><input type="checkbox"/> Sailing</td> <td><input type="checkbox"/> Non-Commercial</td> </tr> <tr> <td><input type="checkbox"/> Changing direction</td> <td><input type="checkbox"/> Launching</td> <td><input type="checkbox"/> Commercial</td> </tr> <tr> <td><input type="checkbox"/> Changing speed</td> <td><input type="checkbox"/> Docking/Undocking</td> <td><input type="checkbox"/> Fishing</td> </tr> <tr> <td><input type="checkbox"/> Drifting</td> <td><input type="checkbox"/> At anchor</td> <td><input type="checkbox"/> Hunting</td> </tr> <tr> <td><input type="checkbox"/> Towing another vessel</td> <td><input type="checkbox"/> Tied to dock/Mooring buoy</td> <td><input type="checkbox"/> Making repairs</td> </tr> <tr> <td><input type="checkbox"/> Being towed</td> <td><input type="checkbox"/> Racing</td> <td><input type="checkbox"/> Starting engine</td> </tr> <tr> <td><input type="checkbox"/> Rowing/Paddling</td> <td><input type="checkbox"/> Other (describe) _____</td> <td><input type="checkbox"/> Whitewater activity</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Waterskiing/Towed sports</td> </tr> </table>	<input type="checkbox"/> Cruising	<input type="checkbox"/> Sailing	<input type="checkbox"/> Non-Commercial	<input type="checkbox"/> Changing direction	<input type="checkbox"/> Launching	<input type="checkbox"/> Commercial	<input type="checkbox"/> Changing speed	<input type="checkbox"/> Docking/Undocking	<input type="checkbox"/> Fishing	<input type="checkbox"/> Drifting	<input type="checkbox"/> At anchor	<input type="checkbox"/> Hunting	<input type="checkbox"/> Towing another vessel	<input type="checkbox"/> Tied to dock/Mooring buoy	<input type="checkbox"/> Making repairs	<input type="checkbox"/> Being towed	<input type="checkbox"/> Racing	<input type="checkbox"/> Starting engine	<input type="checkbox"/> Rowing/Paddling	<input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Whitewater activity			<input type="checkbox"/> Waterskiing/Towed sports	TYPE OF ACCIDENT (check all applicable) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Capsizing</td> <td><input type="checkbox"/> Grounding</td> <td><input type="checkbox"/> Sinking</td> </tr> <tr> <td><input type="checkbox"/> Flooding/Swamping</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Fire/Explosion - 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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
ADDRESS			TELEPHONE NUMBER
			WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE NATURE AND EXTENT OF INJURY	
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ADDRESS			TELEPHONE NUMBER
			WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	DESCRIBE NATURE AND EXTENT OF INJURY	
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	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail
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			
FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None		NUMBER OF ENGINES MANUFACTURER 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	
NAME		ADDRESS	
TELEPHONE NUMBER			
NAME		ADDRESS	
TELEPHONE NUMBER			
SIGNATURE OF PERSON COMPLETING REPORT			DATE

ADDITIONAL SPACE PROVIDED FOR FURTHER ACCIDENT DESCRIPTION

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