

STATE OF CALIFORNIA-THE RESOURCES AGENCY

ARNOLD SCHWARZENEGGER, Governor

DEPARTMENT OF BOATING AND WATERWAYS

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07 DEC 18 AM 9:01

December 17, 2007

Department of Homeland Security
Docket Management Facility
1200 New Jersey Avenue, S.E.
West Building, Ground Floor
Room W12-140
Washington D.C., 20590-0001

Re: Docket Number USCG-2007-0008

I am responding to the request for comments regarding the *Collection of Information Under Review by Office of Management and Budget: PMB Control Number: 1625-0003*.

The state of California does not actively use this form, as we distribute our own Boating Accident Report form (BAR-1) that vessel operators involved in accidents complete and submit. However, in some circumstances, a boat operator does submit the United States Coast Guard's form, CG-3865, to our Department.

In the interest of improving accident data collection, I am forwarding comments regarding the proposed contents and layout of CG-3865.

In several cases, I refer to two California Boating Accident report forms. One, mentioned above, the BAR-1, is designed to be used by operators involved in boating accidents. The other, VAR-1, is used by law enforcement. Both forms are included for reference.

These forms are by no means perfect and need to be updated not only to comply with 33 CFR 173, but also to better refine other accident factors. That being said, I do believe that our comments may be helpful in the further refinement of CG-3865.

1. POSSIBLE MISSING INFORMATION AS REQUIRED BY 33 CFR 173

Regarding the required elements that must appear on CG-3865, 33 CFR 173(p) states:

(p) The type and amount of each fire extinguisher used

The section on page 2 asked *# of fire extinguishers on board* and *Type of fire extinguishers (eg. ABC)*, but this appeared to address what equipment was on board, not what was actually used. There did not appear to be a section that specifically asked if the extinguishers were actually used, and if used, how many were used. Perhaps this is too literal an interpretation of section (p), but I wanted to address it in case that information needs to be refined.

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2. LENGTH

At 6 pages, form CG-3865 is very long. In comparison, the California BAR-1 form is 2 pages, which can be contained in a single sheet printed on both sides. After reviewing 33 CFR 173, the CA form is missing a few required elements. However, we should be able to incorporate these elements into the existing space without a need to expand to 3 pages.

If we were using this form, it would be a great concern to us that the length may affect compliance on the part of boat operators to complete the report.

Therefore, my suggestion would be to shorten the form considerably. When comparing CG-3865 and BAR-1, there are a number of areas that ask the same questions, but CG-3865 takes up significantly more space. For instance:

- The section, *Accident Details—Other Key People* (page 4) could be combined with the sections, *Serious Injuries* and *Deaths*. In California, we found that these three sections could be condensed into a single section without significant loss of data. (See BAR-1, bottom of page 1) The area on our form is not as comprehensive as the areas on the CG-3865 form. However, in most fatalities, there is a law enforcement report to refer to, so it is an area that could be potentially condensed.
- The area allotted to several areas, (some examples would be the area allotted to the operator and owner on page 6 of CG-3865, and the area allotted to weather/water conditions on page 2 of the CG-3865) take up significantly more space than the same area on the CA form.
- We would never use the section called *For State Agency Use Only*. If the states that use this form have a need for it, then that would explain its existence. If not, it would be another area to delete.
- The *Report Submitted By* section appears two times—once on page 1 and once on page 6. I would suggest condensing these sections into a single section.

3. LAYOUT

The layout of CG-3865 was confusing. Layouts that have worked well for us in California involve separating the areas that apply first to the accident itself (date, time, location, weather conditions, type of accident, cause of accident, etc.) and then to the areas that apply to the operator and the vessel itself and the people on board those vessels. Several problems were noted on CG-3865, which are detailed below.

The form commenced by asking a mix of questions—some that related to all people in the accident (injuries, fatalities) and some that only related to a single vessel (such as damage). It was followed by a section called Accident Summary that contained sections that asked the

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date, time and location of the accident, and sections, such as *People On Board YOUR Boat*, and *Damage to Your Boat*, both of which asked questions pertaining to a single vessel.

Then, on page 2, it asked for information contained in section, *Your Boat*, specific to just the reporting operator's vessel, followed by a section about weather and water conditions, pertaining to the overall accident. This flow seems convoluted.

Further, why would the information collected in the section *People on Board Your Boat* (page 1) not be included in the same section with information collected in the section *Your Boat* (page 2?)

This sort of inconsistency happened throughout the form. Another example was *Accident Details—Your Boat Operator*, (page 4). This section asked a number of questions about the vessel operator. (Education, instruction, life jacket and alcohol use) Then, on page 6, more questions were asked about the vessel operator. (Name, address, age, gender) The reason for this separation of data is unclear, but combining all of the information regarding the operator in a single spot would be helpful to both submitters and reviewers of the information.

The sections *Contributing Factors* and *Machinery/Equipment Failure* are not adjacent to one another and should be. Please see Section 3, of this letter titled *Refine Choices*, immediately following, for further details.

4. REFINE CHOICES

Some of the choices in the section, *Contributing Factors*, on page 3, need to be better defined. In meetings of the former BAIRAC committee, members have talked extensively about confusion surrounding the differences between "operator inattention" and "improper lookout" as well as "force of wave or wake" and "hazardous waters." It would be beneficial to offer some sort of brief clarification for some of these terms, as was done for several of the terms pertaining to various types of collisions in the preceding section, *Accident Events*.

Additionally, "Machinery Failure" and "Equipment Failure" are missing from the *Contributing Factors* section. I realize that these elements are asked elsewhere. However, if a vessel has either a machinery or an equipment failure, what box does the person completing the form choose to make it clear that one of these was a contributing factor? I am assuming, he or she chooses, "Other" and then has to write this in. This is not efficient either for the person completing the form or for the data entry person/analyst interpreting it. I would rather see space allotted to include these two choices in this area.

The *Contributing Factors* section should be immediately followed by the section *Machinery/Equipment Failure*. This would allow someone choosing one of these failures in the *Contributing Factors* section to follow up immediately in the *Machinery/Equipment Failure* section by specifically telling what type of failure occurred. These sections currently

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are not only separated by other categories on the form, but the *Machinery/Equipment Failure* section precedes the *Contributing Factors* section which does not allow for a smooth flow of information.

The section, *Operator/Passenger Activities* (page 3) contains a choice called *Drifting*. This choice should be deleted as it does not add any amplifying information to this section. The section, *Boat Operations*, also contains a choice called *Drifting*, where is the correct location for this choice.

Other choices for consideration in the *Operator/Passenger Activities* section (page 3) would kite boarding, windsurfing, parasailing and racing. As the United States Coast Guard is now having states and territories report all racing activities on numbered vessels, as required by federal regulation, the racing choice seems appropriate and helpful to properly distinguish these types of accidents.

One additional note—in California, we are adding a section to our form called “location launched from” for each operator. This is especially important in places on the coastline or locations with multiple entry points, both of which are an issue in our state. Knowing the entry points of boaters involved in accidents will help better concentrate our safety efforts—such as better signage in these areas.

5. LACK OF DETAIL REGARDING OTHER OPERATORS

This issue may not matter to states with excellent law enforcement patrols that are on the scene of most accidents. However, states lacking this type of presence may be the very ones who are depending upon this form as one of their primary means of data collection.

In California, since we do not have centralized law enforcement, we do rely to some extent on operator self reporting. As stated earlier, we have our own form in place for operators to complete. Our form used to be very similar to the USCG form in the respect that much information was collected about the operator completing the form but very little was collected about any other operator involved in the accident. (only names, addresses, and sometimes registration numbers)

Our thought process at that time was that we, the state authority, would be able to contact the second operator using either the name or the CF number and have that person submit a report.

The reality, however, was somewhat different. We found that it was not easy to contact the second operator. Even though our state law has penalties for refusing to report accidents, it is very difficult to enforce this law.

Some reasons that made it difficult to get the second (or third, fourth, etc) operator to report:

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- The operator completing the form did not know or did not have the correct name/address/registration # for the second operator.
- The other operator simply refused to submit the form
- A number of people in our state are involved in accidents with people they know, often relatives. These people typically were only completing and submitting a single form between them.
- A single owner owned both vessels involved and completed one form.

Therefore, we expanded the information fields that appeared on the form for the second operator. The vast majority of accidents in CA involve either one or two vessels (98% of 2007 accidents).

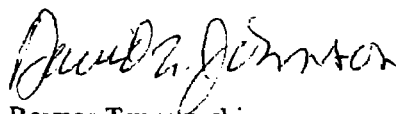
Allowing space for the operator submitting the report to enter information about the second vessel and/or operator improved our data collection immensely.

It can be argued that the operator submitting the report may not always have accurate information regarding the other operator(s). However, in most cases, operators know what type of second vessel was involved (PWC, open motorboat, etc.) They also knew the activity taking place aboard other vessels (water skiing, fishing, etc.) Other factors such as cause as it relates to another operators ability/wrongdoing obviously have to be carefully evaluated—which is also true of the operator submitting the form. However, in many cases we were still able to get a better idea of what happened than if we did not include any information at all.

This expansion was done on our form without adding a third page. Additionally, the form that CA law enforcement agencies use contains a layout where information is collected simultaneously about both vessels. (See attached form VAR-1). While these suggestions may not meet all of the goals of the United State Coast Guard with respect to accuracy in every area, they do improve accuracy in some areas.

Thank you for the opportunity to provide comments regarding this matter. If you have any questions regarding any of these comments, please contact me at the number below.

Sincerely,


for Raynor Tsuneyoshi
Director
(916) 263-4326

CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

The operator of every recreational vessel is required by Section 656 of the Harbors and Navigation Code to file a written report whenever a boating accident occurs which results in death, disappearance, injury that requires medical attention beyond first aid, total property damage in excess of \$500, or complete loss of a vessel. Reports must be submitted within 48 hours in case of death occurring within 24 hours of an accident, disappearance, or injury beyond first aid. All other reports must be submitted within 10 days of the accident. Reports are to be submitted to the California Department of Boating and Waterways at 2000 Evergreen Street, Suite 100, Sacramento, California 95815-3888, (916) 263-8189. Failure to submit this report as required is a misdemeanor and is punishable by a fine not to exceed \$1000 or imprisonment not to exceed 6 months or both.

DATE OF ACCIDENT (M/D/Y)		TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY	BODY OF WATER		LOCATION ON WATER		
INJURED		# DEAD		TOTAL \$\$		LAW ENFORCEMENT ON ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO		AGENCY NAME	
WEATHER (CHECK ALL THAT APPLY): <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY		WATER CONDITIONS <input type="checkbox"/> CALM (waves less than 6") <input type="checkbox"/> CHOPPY (waves 6"-2') <input type="checkbox"/> ROUGH (waves 2'-6") <input type="checkbox"/> VERY ROUGH (waves >6")		WIND CONDITIONS <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)		TEMPERATURE			
						WATER VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		AIR STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF ACCIDENT (CHECK ALL THAT APPLY): <input type="checkbox"/> CAPSIZING <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> FALL OVERBOARD <input type="checkbox"/> FALL IN BOAT <input type="checkbox"/> OTHER _____					CAUSE OF ACCIDENT (CHECK ALL THAT APPLY): <input type="checkbox"/> FIRE / EXPLOSION (fuel) <input type="checkbox"/> FIRE / EXPLOSION (other than fuel) <input type="checkbox"/> FLOODING / SWAMPING <input type="checkbox"/> SINKING <input type="checkbox"/> STRUCK BY BOAT / PROPELLER <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> OVERLOADING <input type="checkbox"/> HAZARDOUS WEATHER / WATER <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> OFF-THROTTLE STEERING INABILITY <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> OTHER _____				

DESCRIBE WHAT HAPPENED AND WHAT YOU COULD HAVE DONE TO PREVENT THIS ACCIDENT
(Explain the cause of death or injury, medical treatment, etc. Use sketch if helpful. If needed, continue description on additional paper.)

VICTIM OR WITNESS INFORMATION							
VICTIM / WITNESS NAME & ADDRESS	VICTIM / WITNESS STATUS	RIDING IN VESSEL #	AGE	INJURY DESCRIPTION	CAUSE OF DEATH	COULD VICTIM SWIM?	LIFE JACKET WORN?
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY				<input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CALIFORNIA BOATING ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

INFORMATION: OPERATOR #1

OPERATOR NAME AND ADDRESS	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR EXPERIENCE <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	OPERATOR EDUCATION <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> STATE COURSE <input type="checkbox"/> INFORMAL <input type="checkbox"/> NONE
	OWNER NAME AND ADDRESS		
AGE			

INFORMATION: VESSEL #1

(YOUR VESSEL)

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE	RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED
BOAT NUMBER (CF OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____				FIRE EXTINGUISHER ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
					LIFE JACKETS ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS WORN <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> OTHER (specify) _____		PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____		OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER- SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL <input type="checkbox"/> DRIFTING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> SAILING <input type="checkbox"/> OTHER (specify) _____ SPEED _____ MPH

INFORMATION: OPERATOR #2

OPERATOR NAME AND ADDRESS	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR EXPERIENCE <input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> OVER 100 HOURS	OPERATOR EDUCATION <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRON <input type="checkbox"/> STATE COURSE <input type="checkbox"/> INFORMAL <input type="checkbox"/> NONE
	OWNER NAME AND ADDRESS		
AGE			

INFORMATION: VESSEL #2

(OTHER VESSEL INVOLVED)

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED DAMAGE \$	RENTED BOAT <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ON BOARD	# OF PERSONS TOWED
BOAT NUMBER (CF OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____				FIRE EXTINGUISHER ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
					LIFE JACKETS ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFE JACKETS WORN <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE / KAYAK <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> OTHER (specify) _____		PROPULSION <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____		OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER- SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL <input type="checkbox"/> DRIFTING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING / LEAVING DOCK <input type="checkbox"/> SAILING <input type="checkbox"/> OTHER (specify) _____ SPEED _____ MPH

NAME OF PERSON COMPLETING THE REPORT _____

QUALIFICATION OF PERSON COMPLETING REPORT

☐ OPERATOR ☐ OWNER ☐ OTHER (specify) _____

SIGNATURE OF PERSON COMPLETING THE REPORT _____

VESSEL ACCIDENT REPORT

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS

PAGE OF

BOAT NAME TAKING REPORT

NO INJURED

NO KILLED

AGENCY REPORT NUMBER

WATER BODY ACCIDENT OCCURRED ON

MONTH

DAY

YEAR

TIME (2400)

COUNTY ACCIDENT OCCURRED IN

NEAREST LANDMARK (NAVIGATION AID)

FEET / MILES

OF

INVESTIGATED BY

PHONE ()

NAME (FIRST, MIDDLE, LAST)

STREET / MAILING ADDRESS

BIRTH DATE / AGE

SEX

☐ MALE ☐ FEMALE

CITY

STATE

ZIP

PHONE ()

VESSEL YEAR

MAKE/MODEL/LENGTH

VESSEL NUMBER (CF OF DOC)

VESSEL NAME

RENTED

☐ YES ☐ NO

HULL IDENTIFICATION NUMBER

☐ NONE

HORSEPOWER

INSURANCE

☐ YES ☐ NO

OWNERS NAME

☐ SAME

DIRECTION OF TRAVEL

PERSONS ON BOARD

VESSEL DAMAGE

☐ MINOR☐ MODERATE☐ MAJOR☐ TOTAL

OWNERS STREET / MAILING ADDRESS

☐ SAME

ESTIMATED SPEED

DISPOSITION OF VESSEL

ESTIMATED DAMAGE \$\$

☐ NONE

CITY

STATE

ZIP

NAME (FIRST, MIDDLE, LAST)

STREET / MAILING ADDRESS

BIRTH DATE / AGE

SEX

☐ MALE ☐ FEMALE

CITY

STATE

ZIP

PHONE ()

VESSEL YEAR

MAKE/MODEL/LENGTH

VESSEL NUMBER (CF OF DOC)

VESSEL NAME

RENTED

☐ YES ☐ NO

HULL IDENTIFICATION NUMBER

☐ NONE

HORSEPOWER

INSURANCE

☐ YES ☐ NO

OWNERS NAME

☐ SAME

DIRECTION OF TRAVEL

PERSONS ON BOARD

VESSEL DAMAGE

☐ MINOR☐ MODERATE☐ MAJOR☐ TOTAL

OWNERS STREET / MAILING ADDRESS

☐ SAME

ESTIMATED SPEED

DISPOSITION OF VESSEL

ESTIMATED DAMAGE \$\$

☐ NONE

CITY

STATE

ZIP

DESCRIPTION OF DAMAGE

OWNERS NAME

ADDRESS

STATE

ZIP

PHONE ()

NOTIFIED

☐ YES ☐ NOVICTIM / WITNESS
NAME & ADDRESSVICTIM / WITNESS
STATUSRIDING IN
VESSEL #

AGE

INJURY DESCRIPTION

LIFE JACKET
WORN?COULD
VICTIM SWIM?

CAUSE OF DEATH

☐ INJURED
☐ DECEASED
☐ WITNESS ONLYTAKEN TO HOSPITAL ☐ YES ☐ NO☐ YES
☐ NO☐ YES
☐ NO☐ DROWNING
☐ TRAUMA
☐ UNKNOWN
☐ OTHER☐ INJURED
☐ DECEASED
☐ WITNESS ONLYTAKEN TO HOSPITAL ☐ YES ☐ NO☐ YES
☐ NO☐ YES
☐ NO☐ DROWNING
☐ TRAUMA
☐ UNKNOWN
☐ OTHER☐ INJURED
☐ DECEASED
☐ WITNESS ONLYTAKEN TO HOSPITAL ☐ YES ☐ NO☐ YES
☐ NO☐ YES
☐ NO☐ DROWNING
☐ TRAUMA
☐ UNKNOWN
☐ OTHER

SKETCH (INCLUDE VESSEL, WIND, CURRENT DIRECTION)

INDICATE
TRUE NORTH

MISCELLANEOUS

COPY OF STATE FORM A-1
GIVEN TO OPERATOR (S)☐ OPERATOR 1 ☐ OPERATOR 2

REPORT FORWARDED TO:

COAST GUARD

CALIFORNIA BOATING AND WATERWAYS
2000 EVERGREEN STREET, SUITE 100 SACRAMENTO, CA 95815-3886

CORONER

OTHER

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS PAGE OF

BW FORM VAR-1 (1/86)