Oregon State Marine Board Recreational Boating Incident Form

Confidential - This Report is Not Public Record - ORS 830.490

OSMB is providing this form as required by ORS 830.485. The operator of every vessel involved in an incident resulting in injury or death of any person, or total property damage in excess of $2000 is required by law to file an incident report. **Form must be completed and submitted within 48 hours in case of death or injury, 10 days in accidents involving only property damage.**

Mail completed form to:
ATTN: Boating Incidents
Oregon State Marine Board
PO Box 14145
Salem, OR 97309

Or email:
mariann.mckenzie@boat.oregon.gov

Incident Date: | **Time:** ☐AM ☐PM | **Name of Waterbody:** | **County:**

Location on Water (Precisely): | **Nearest City or Town:** | **Nearest Boat Ramp Access:**

State: | ☐ Rented Boat ☐ Borrowed Boat | ☐ Recreational ☐ Commercial | **Boat Totaled?** ☐ Yes ☐ No | **Boat Lost?** ☐ Yes ☐ No

Regarding Your Boat:

 # People on Board: ____
 # People Being Towed: ____
 # Life Jackets on Board: ____
 # People Wearing Life Jackets: ____
 # Injured Beyond First Aid: ____
 # Deceased: ____
 # Disappeared: ____

Your Boat

Operator Name: (First, MI, Last): | **Boating Education Card #:** | **Age/Date of Birth:** | ☐ Male ☐ Female

Mailing Address: | **City** | **State** | **Zip** | **Phone**

Physical Address: ☐ Same as Mailing Address | **City** | **State** | **Zip** | **Phone**

Boat Registration #:

Boat Owner Name: ☐ Same as Operator | **Address** | **(City, State, Zip)** | **Phone**

HIN #:

Insurance Company: | **Boat Length:** | **Manufacturer:** | **Model Name:** | **Model Year:**

Beam width at widest point: _____ ft.

Depth from transom (stern) to keel (bottommost point: _____ ft. _____ in.

Number of Boats in this incident:

Damage Estimate:
This boat $_____
Other boat $_____
Property $_____
TOTAL $_____

Personal Property Damage/Loss: ☐ Yes ☐ No
If yes, value of damage/loss: $_____

Fire Extinguishers:
 # Extinguishers _____ **Type (e.g., A, B, C)** _____

Operator's Experience in This Type of Boat:
☐ Under 10 Hours
☐ 10 - 100 Hours
☐ 100 - 500 Hours
☐ Over 500 Hours

Formal Instruction in Boating Safety:
(Includes Boating Education Card Courses)
☐ None
☐ USCG Auxiliary
☐ US Power Squadron
☐ CG/Captain's License
☐ State Course
☐ Internet
☐ Other (Specify): _____

Has your boat been examined in the past year? ☐ Yes ☐ No
If "Yes" by whom?:
☐ USCG Auxiliary — VSC Decal? ☐ Yes ☐ No
☐ US Power Squadron — VSC Decal? ☐ Yes ☐ No
☐ Law Enforcement (Agency) _____
☐ Other (Name) _____

INCIDENT DATA

Weather:
☐ Clear
☐ Cloudy
☐ Foggy
☐ Raining
☐ Snowing
☐ Other (Specify): _____

Forecast Obtained? ☐ Yes ☐ No
It Was: ☐ Day ☐ Night
Visibility Was: ☐ Good ☐ Fair ☐ Poor

Wind:
☐ None (0 mph)
☐ Light (Over 0 - 12 mph)
☐ Moderate (13 - 25 mph)
☐ Strong (26 - 55 mph)
☐ Stormy (Over 55 mph)

Approx. Air Temp: ____

Water:
☐ Calm (up to 6 in)
☐ Choppy (7 in - 2 ft)
☐ Rough (Over 2 ft - 6 ft)
☐ Very Rough (Over 6 ft)

Strong Current ☐ Yes ☐ No
Hazardous Waters ☐ Yes ☐ No
Congested Waters ☐ Yes ☐ No

Approx. Water Temp: ____

Operator/Passenger Activities Before Incident:
☐ Fishing
☐ Hunting
☐ Tubing
☐ Water Skiing
☐ Making Repairs
☐ Starting Engine
☐ Relaxing
☐ White Water Activity (e.g. rafting)
☐ Other (list) _____

Your boat operations at the time of incident:
☐ Sailing
☐ Drifting
☐ Racing
☐ At Anchor
☐ Being Towed
☐ Launching
☐ Charging Speed
☐ Changing Direction
☐ Rowing/Paddling
☐ Tied to Dock/Mooring
☐ Towing Another Boat
☐ Docking/Undocking
☐ Cruising (Underway
☐ Other: _____

Indicate factors on your boat which may have contributed to this incident (select all that apply):
☐ Alcohol Use
☐ Drug Use
☐ Excessive Speed
☐ Improper Anchoring
☐ Improper Loading
☐ Overloading
☐ Improper Lookout
☐ Operator Inattention
☐ Operator Inexperience
☐ Language Barrier
☐ Navigation Rules Violation
☐ Failure to Vent
☐ Dam/Lock
☐ Force of Wake/Wave
☐ Hazardous Water
☐ Heavy Weather
☐ Hull Failure
☐ Ignition of Fuel or Vapor
☐ Starting in Gear
☐ Sharp Turn
☐ Restricted Vision (e.g. fog, darkness)
☐ Missing/Inadequate Aid to Navigation (e.g. buoy, daymarker)
☐ Inadequate On-Board Navigation Lights
☐ People on Gunwale, Bow, or Transom
☐ Speed or Proximity Violation
☐ Operator Error
☐ Other (describe) _____

Failure of this machinery/equipment on your boat contributed to this incident:
☐ Engine
☐ Electrical System
☐ Fuel System
☐ Sail/Mast
☐ Seats
☐ Steering
☐ Throttle
☐ Radio
☐ Shift
☐ Onboard Navigation Aid (e.g. GPS, Loran)
☐ Sound Equipment (e.g. Horn, whistle)
☐ Fire Extinguisher
☐ Auxiliary Equipment
☐ Onboard Lights
☐ Other (list): _____

Types of events occurring to/on your boat during incident (select all that apply):
☐ Collision w/ a boat
☐ Collision w/ fixed object
☐ Collision w/ floating object
☐ Electrical Shock
☐ Fire/Explosion - fuel - engine or generator
☐ Fire/Explosion - fuel - not engine or generator
☐ Fire/Explosion - Non-Fuel
☐ Fire/Explosion - Unknown
☐ Flooding
☐ Capsizing
☐ Sinking
☐ Grounding
☐ Swamping
☐ Towed watersport mishap
☐ Person left boat voluntarily
☐ Person ejected from boat
☐ Person fell overboard
☐ Person fell on or within boat
☐ Person struck by boat
☐ Person struck by propeller or propulsion unit/water jet
☐ Carbon monoxide exposure
☐ Natural phenomena
☐ Sudden medical condition
☐ Other (describe): _____

Your approximate boat speed: _____

Hull Material:
☐ Fiberglass
☐ Aluminum
☐ Steel
☐ Wood
☐ Rubber/Vinyl/Canvas
☐ Other (Specify): _____

Boat Type:
☐ Cabin Motorboat
☐ Open Motorboat
☐ Auxiliary Sail
☐ Pontoon
☐ Personal Watercraft
☐ Houseboat
☐ Airboat
☐ Sail (only)
☐ Inflatable
☐ Rowboat
☐ Canoe
☐ Kayak
☐ Stand Up Paddleboard
☐ Other (Describe): _____

Propulsion:
☐ Propeller
☐ Sail
☐ Manual
☐ Water Jet
☐ Air Thrust
☐ Other (Describe): _____

Engine Type:
☐ Outboard
☐ Sterndrive (I/O)
☐ Inboard
☐ Pod Drive
☐ Other (Describe): _____

Fuel Type:
☐ Gasoline
☐ Diesel
☐ Electric
☐ Other (Describe): _____

DECEASED

Name:	Address:	Age/Date of Birth:	Death Caused By: ☐ Drowning ☐ Other (List): ☐ Disappearance _____
Name:	Address:	Age/Date of Birth:	Death Caused By: ☐ Drowning ☐ Other (List): ☐ Disappearance _____
Name:	Address:	Age/Date of Birth:	Death Caused By: ☐ Drowning ☐ Other (List): ☐ Disappearance _____

INJURED (Including Hypothermia)

Name: Treated: ☐ By EMT ☐ At Hospital ☐ Released ☐ Admitted	Address:	Age/Date of Birth:	Nature of Injury (Describe): Incapacitated over 24 hrs? ☐ Yes ☐ No
Name: Treated: ☐ By EMT ☐ At Hospital ☐ Released ☐ Admitted	Address:	Age/Date of Birth:	Nature of Injury (Describe): Incapacitated over 24 hrs? ☐ Yes ☐ No
Name: Treated: ☐ By EMT ☐ At Hospital ☐ Released ☐ Admitted	Address:	Age/Date of Birth:	Nature of Injury (Describe): Incapacitated over 24 hrs? ☐ Yes ☐ No

Describe what happened and what could have prevented this incident.
Include a detailed description of the events leading up to and including this incident and any damage incurred by your boat:

If your boat has an engine cut-off switch (lanyard or wireless), was it used? ☐ Yes ☐ No ☐ None

PERSON COMPLETING REPORT

Name:	Address:	Age/Date of Birth:	Date Submitted:
Signature:			Phone:
☐ Operator ☐ Owner ☐ Other: _____			Cell Phone:

BOAT #2 INFORMATION

Name of Operator:	Address:	Phone Number: Cell Number:	Age/Date of Birth:	Boat Reg. #:
Name of Owner: ☐ Same as Operator	Address:	Phone Number: Cell Number:	Age/Date of Birth:	Boat Reg. #:

PASSENGER/WITNESS

Name: ☐ Passenger ☐ Witness	Address:	Phone Number: Cell Number:
Name: ☐ Passenger ☐ Witness	Address:	Phone Number: Cell Number:
Name: ☐ Passenger ☐ Witness	Address:	Phone Number: Cell Number: