



STATE OF ALASKA

(Rev. 06/23)

# ALASKA BOATING INCIDENT REPORT

CASE NO.

For the purpose of gathering incident 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 incident 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	

### INCIDENT DATA

DATE OF INCIDENT	TIME AM PM	NAME OF BODY OF WATER	LOCATION ON THE WATER
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		BOROUGH
<b>WEATHER</b> <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 _____	<b>WATER CONDITIONS</b> <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	<b>TEMPERATURE (Estimate)</b> Air _____ °F Water _____ °F	<b>WIND</b> <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)
		<b>VISIBILITY</b> 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

<b>TYPE OF OPERATION AT TIME OF INCIDENT</b> (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"/> Non-Commercial <input type="checkbox"/> Commercial <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Making repairs <input type="checkbox"/> Starting engine <input type="checkbox"/> Whitewater activity <input type="checkbox"/> Waterskiing/Towed sports	<b>TYPE OF INCIDENT (check all applicable)</b>	<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) _____
--	--	--	--	--	--

<b>CONTRIBUTING FACTORS (check all applicable)</b>	<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"/> 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
--	--	---	---

INCIDENT 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 \$
<b>INJURED (If more than 2 injured, attach additional forms)</b>			
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? <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
ADDRESS			TELEPHONE NUMBER
			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			
<b>DECEASED or DISAPPEARED (If more than 2 fatalities, attach additional forms)</b>			
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) _____	
<b>BOAT NO. 1 (Reporting vessel)</b>			
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"/> Paddlecraft <input type="checkbox"/> Personal watercraft (PWC) <input type="checkbox"/> Auxiliary sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Pontoon boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Inflatable boat <input type="checkbox"/> Air boat <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"/> Plastic <input type="checkbox"/> Other (specify) _____	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> None <input type="checkbox"/> Inboard <input type="checkbox"/> Sterndrive <input type="checkbox"/> Pod drive <input type="checkbox"/> Other _____
		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"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Other _____
		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 _____
<b>BOAT NO. 2 (If more than 2, attach additional forms)</b>			
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	
<b>WITNESSES (If more than 2, attach additional forms)</b>			
NAME	ADDRESS		TELEPHONE NUMBER
NAME	ADDRESS		TELEPHONE NUMBER
SIGNATURE OF PERSON COMPLETING REPORT			DATE

ADDITIONAL SPACE PROVIDED FOR FURTHER ACCIDENT DESCRIPTION