VESSEL ACCIDENT REPORT 1.1

CALIFORNIA DEPARTMENT OF BOATING AND WATERWAYS PAGE OF

INJURED/ DECEASED/ WITNESS	DATE OF ORIGINAL ACCIDENT	TIME (2400)	REPORT NUMBER
	OFFICER NAME		OFFICER ID

VICTIM / WITNESS NAME, ADDRESS & PHONE	VICTIM / WITNESS STATUS	RIDING IN VESSEL #	DOB/ AGE	INJURY DESCRIPTION	LIFE JACKET WORN?	COULD VICTIM SWIM?
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN
	☐ INJURED ☐ DECEASED ☐ DISAPPEARED ☐ PASSENGER ONLY ☐ WITNESS ONLY			TAKEN TO HOSPITAL ☐ YES ☐ NO FACILITY ______	☐ YES ☐ NO ☐ UNKNOWN	☐ YES ☐ NO ☐ UNKNOWN