



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: <input type="checkbox"/> AM <input type="checkbox"/> PM		Name of Waterbody:		County:							
Location on Water (Precisely):			Nearest City or Town:			Nearest Boat Ramp Access:							
State:		<input type="checkbox"/> Rented Boat <input type="checkbox"/> Borrowed Boat		<input type="checkbox"/> Recreational <input type="checkbox"/> Commercial		Boat Totaled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Boat Lost? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Your Boat		Operator Name: (First, MI, Last):			Boating Education Card #:		Age/Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Mailing Address:			City		State		Zip		Phone				
Physical Address: <input type="checkbox"/> Same as Mailing Address			City		State		Zip		Phone				
Boat Owner Name: <input type="checkbox"/> Same as Operator			Address		(City, State, Zip)		Phone		Boat Registration #:				
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 \$ _____		Personal Property Damage/Loss: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Fire Extinguishers: # Extinguishers _____		Type (e.g., A, B, C) _____					Other boat \$ _____		Property \$ _____ If yes, value of damage/loss: _____				
TOTAL \$ _____							TOTAL \$ _____		\$ _____				
Operator's Experience in This Type of Boat:		Formal Instruction in Boating Safety: (Includes Boating Education Card Courses)			Has your boat been examined in the past year? If "Yes" by whom? <input type="checkbox"/> Yes <input type="checkbox"/> No				VSC Decal? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Under 10 Hours <input type="checkbox"/> 10 - 100 Hours <input type="checkbox"/> 100 - 500 Hours <input type="checkbox"/> Over 500 Hours		<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadron <input type="checkbox"/> CG/Captain's License			<input type="checkbox"/> State Course <input type="checkbox"/> Internet <input type="checkbox"/> Other (Specify): _____				<input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Law Enforcement (Agency) _____ <input type="checkbox"/> Other (Name) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
INCIDENT DATA													
Weather:		Forecast Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Wind:		Water:		Strong Current <input type="checkbox"/> Yes <input type="checkbox"/> No		Operator/Passenger Activities Before Incident:			
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Other (Specify): _____		It Was: <input type="checkbox"/> Day <input type="checkbox"/> Night		<input type="checkbox"/> None (0 mph) <input type="checkbox"/> Light (Over 0 - 12 mph) <input type="checkbox"/> Moderate (13 - 25 mph) <input type="checkbox"/> Strong (26 - 55 mph) <input type="checkbox"/> Stormy (Over 55 mph)		<input type="checkbox"/> Calm (up to 6 in) <input type="checkbox"/> Choppy (7 in - 2 ft) <input type="checkbox"/> Rough (Over 2 ft - 6 ft) <input type="checkbox"/> Very Rough (Over 6 ft)		Hazardous Waters <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Tubing <input type="checkbox"/> Water Skiing <input type="checkbox"/> Making Repairs <input type="checkbox"/> Starting Engine			
Visibility Was: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Approx. Air Temp: _____		Approx. Water Temp: _____		Congested Waters <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Relaxing <input type="checkbox"/> White Water Activity <input type="checkbox"/> (e.g. rafting) <input type="checkbox"/> Other (list) _____			
Your boat operations at the time of incident:				Indicate factors on your boat which may have contributed to this incident (select all that apply):									
<input type="checkbox"/> Sailing <input type="checkbox"/> Drifting <input type="checkbox"/> Racing <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Launching <input type="checkbox"/> Charging Speed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Tied to Dock/Mooring <input type="checkbox"/> Towing Another Boat <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Cruising (Underway) <input type="checkbox"/> Other: _____				<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"/> 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 Water <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, darkness) <input type="checkbox"/> Missing/Inadequate Aid 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"/> Speed or Proximity Violation <input type="checkbox"/> Operator Error <input type="checkbox"/> Other (describe) _____									
Failure of this machinery/equipment on your boat contributed to this incident:				Types of events occurring to/on your boat during incident (select all that apply):									
<input type="checkbox"/> Engine <input type="checkbox"/> Electrical System <input type="checkbox"/> Fuel System <input type="checkbox"/> Sail/Mast <input type="checkbox"/> Seats <input type="checkbox"/> Steering <input type="checkbox"/> Throttle <input type="checkbox"/> Radio <input type="checkbox"/> Shift <input type="checkbox"/> Onboard Navigation Aid (e.g. GPS, Loran) <input type="checkbox"/> Sound Equipment (e.g. Horn, whistle) <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Auxiliary Equipment <input type="checkbox"/> Onboard Lights <input type="checkbox"/> Other (list): _____				<input type="checkbox"/> Collision w/ a boat <input type="checkbox"/> Collision w/ fixed object <input type="checkbox"/> Collision w/ floating object <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Fire/Explosion - fuel - engine or generator <input type="checkbox"/> Fire/Explosion - fuel - not engine or generator <input type="checkbox"/> Fire/Explosion - Non-Fuel <input type="checkbox"/> Fire/Explosion - Unknown <input type="checkbox"/> Flooding <input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Grounding <input type="checkbox"/> Swamping <input type="checkbox"/> Towed watersport mishap <input type="checkbox"/> Person left boat voluntarily <input type="checkbox"/> Person ejected from boat <input type="checkbox"/> Person fell overboard <input type="checkbox"/> Person fell on or within boat <input type="checkbox"/> Person struck by boat <input type="checkbox"/> Person struck by propeller or propulsion unit/water jet <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> Natural phenomena <input type="checkbox"/> Sudden medical condition <input type="checkbox"/> Other (describe): _____									
Your approximate boat speed: _____													
Hull Material:		Boat Type:		Propulsion:		Engine Type:		Fuel Type:					
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Pontoon <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Houseboat <input type="checkbox"/> Airboat <input type="checkbox"/> Sail (only) <input type="checkbox"/> Inflatable <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Stand Up Paddleboard <input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Manual <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/> Outboard <input type="checkbox"/> Sterndrive (I/O) <input type="checkbox"/> Inboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Other (Describe): _____		<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other (Describe): _____					

