



State of Iowa
Department of Natural Resources
Law Enforcement
 502 E 9TH ST, DES MOINES IA 50319-0034
www.iowadnr.gov

For Office Use Only
USCG Assigned Number:
DNR Case Number:

VESSEL OCCURRENCE OPERATOR'S REPORT FORM

The operator of a vessel involved in an occurrence is required to file a report in writing whenever an occurrence results in loss of life; loss of consciousness, medical treatment or disability in excess of 24 hours or property damage in excess of \$2000. The report must be submitted to the Iowa DNR Law Enforcement Bureau, 502 E 9th St, Des Moines IA 50319-0034, and shall include a full description of the collision, occurrence or other casualty. If you have any questions, call the DNR Des Moines Office at 515-725-8200.

OCCURRENCE DATA

Date (month, day, year) of occurrence		Actual local time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Number of boats	Number of injuries/fatalities	
					Injuries	Fatalities
Nearest city or town	County	State	Body of water		Location (give precisely)	
Water condition		Wind (MPH)			Weather	
<input type="checkbox"/> Calm <input type="checkbox"/> Strong Current <input type="checkbox"/> Rough <input type="checkbox"/> Very Rough		<input type="checkbox"/> None <input type="checkbox"/> Moderate (7-14) <input type="checkbox"/> Storm (over 25) <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Strong (15-25)			<input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy	
Visibility		Personal Flotation Devices (PFD's)			Fire Extinguishers	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Night		<input type="checkbox"/> Vessel equipped with PFD's <input type="checkbox"/> Used by survivors <input type="checkbox"/> Accessible If used list type:			<input type="checkbox"/> On board If used list type: <input type="checkbox"/> Used	

Operation at time of occurrence			Type of occurrence		
<input type="checkbox"/> Commercial activity <input type="checkbox"/> Maneuvering <input type="checkbox"/> Leaving dock <input type="checkbox"/> Racing <input type="checkbox"/> Being towed <input type="checkbox"/> At anchor <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cruising <input type="checkbox"/> Approaching dock <input type="checkbox"/> Water skiing <input type="checkbox"/> Towing <input type="checkbox"/> Drifting <input type="checkbox"/> Tied to dock <input type="checkbox"/> Fishing <input type="checkbox"/> Skin diving/swimming	<input type="checkbox"/> Grounding <input type="checkbox"/> Flooding <input type="checkbox"/> Fire or explosion (fuel) <input type="checkbox"/> Collision with vessel <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Falls in boat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or explosion (other) <input type="checkbox"/> Hit by boat or propeller <input type="checkbox"/> Falls overboard <input type="checkbox"/> Fallen skier/tubing		

OPERATOR VESSEL 1 (THIS VESSEL)

Name	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth	Telephone Number
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Address (street, city, state, and zip code)

Operator's experience (this vessel)		Operator's formal instruction in boating safety	
<input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20-100 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"/> State <input type="checkbox"/> US Power Squadron <input type="checkbox"/> Other (specify):		

VESSEL 2 (IF MORE THAN TWO VESSELS, ATTACH ADDITIONAL FORMS)

Name of operator	Telephone number	Name of owner	Telephone Number
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Address (street, city, state and zip code)

Vessel registration number	Registration expiration date	Make	Model
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VESSEL 1 (THIS VESSEL)

Name of owner		Rented Vessel <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance company
Address of owner(street, city, state and zip code)			Owner's telephone number
Registration number	Registration expiration date	Registration onboard <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of vessel after occurrence
Capacity plate and engine information _____ LBS _____ Number of persons _____ HP Rating _____ Number of engines _____ Actual HP Engine make: _____		Vessel data _____ Length _____ Width _____ Height of transom	
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard- Gas <input type="checkbox"/> Inboard-Diesel <input type="checkbox"/> I/O <input type="checkbox"/> Jet		Hull Identification Number _____	
Year	Vessel Make	Vessel Model	Vessel Color
USCG documented (name and number)		Estimated damage \$ _____	Other property damage \$ _____

DESCRIPTION OF OCCURRENCE

Explain how the occurrence happened, including the sequence of events and describe any damage if applicable. If a diagram can be provided please attach.

PEOPLE INVOLVED VESSEL 1 (THIS VESSEL)- IF MORE THAN THREE, ATTACHE ADDITIONAL FORM(S)

<input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Occupant <input type="checkbox"/> Witness			
Name	Age	Date of Birth	Telephone Number
Address (street, city, state and zip code)		Name of injury/cause of death/location at time of occurrence	
<input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Occupant <input type="checkbox"/> Witness			
Name	Age	Date of Birth	Telephone Number
Address (street, city, state and zip code)		Name of injury/cause of death/location at time of occurrence	
<input type="checkbox"/> Injured <input type="checkbox"/> Deceased <input type="checkbox"/> Occupant <input type="checkbox"/> Witness			
Name	Age	Date of Birth	Telephone Number
Address (street, city, state and zip code)		Name of injury/cause of death/location at time of occurrence	

Printed name of person submitting this report	Signature	Date submitted