Print Form

STATE OF IOWA DNR LAW ENFORCEMENT
DEPARTMENT OF NATURAL RESOURCES
WALLACE STATE OFFICE BUILDING
502 EAST 9TH STREET
DES MOINES, IOWA 50319-0034
www.iowadnr.gov

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

Form Revised: 04/08

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 within 48 hours in death, disappearance, or personal injuries requiring medical treatment by a licensed health care provider, and within five days in all other cases. All reports shall be submitted to the Iowa DNR Law Enforcement Bureau, Wallace State Office Building, 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 – (515) 281-5918.

OCCURRENCE DATA

Date (month, day, year) of occurrence	Actual local time ☐ AM ☐ PM	Number of boats	Number of injuries/fatalities ____Injuries ____Fatalities

Nearest city or town	County	State	Body of water	Location (give precisely)

Water condition
☐ Calm ☐ Strong Current ☐ Rough ☐ Very Rough

Wind (MPH)
☐ None ☐ Moderate (7-14) ☐ Storm (over 25) ☐ Light (0-6) ☐ Strong (15-25)

Weather
☐ Clear ☐ Fog ☐ Snow ☐ Cloudy ☐ Rain ☐ Hazy

Visibility
☐ Good ☐ Fair ☐ Poor ☐ Night

Personal Flotation Devices (PFD's)
☐ Vessel equipped with PFD's ☐ Used by survivors ☐ Accessible If used list type:

Fire Extinguishers
☐ On board If used list type: ☐ Used

Operation at time of occurrence
☐ Commercial activity ☐ Cruising ☐ Maneuvering ☐ Approaching dock ☐ Leaving dock ☐ Water skiing ☐ Racing ☐ Towing ☐ Being towed ☐ Drifting ☐ At anchor ☐ Tied to dock ☐ Fueling ☐ Fishing ☐ Hunting ☐ Skin diving/swimming ☐ Other (specify):

Type of occurrence
☐ Grounding ☐ Capsizing ☐ Flooding ☐ Sinking ☐ Fire or explosion (fuel) ☐ Fire or explosion (other) ☐ Collision with vessel ☐ Hit by boat or propeller ☐ Collision with fixed object ☐ Falls overboard ☐ Falls in boat ☐ Fallen skier/tubing ☐ Other (specify):

OPERATOR VESSEL 1 (THIS VESSEL)

Name	Sex ☐ Male ☐ Female	Age	Date of birth	Telephone number ( )

Address (number and street, city, state, and zip code)

Operator's experience (this vessel)
☐ Under 20 hours ☐ 20 – 100 hours ☐ 100 to 500 hours ☐ Over 500 hours

Operator's formal instruction in boating safety
☐ None ☐ USCG Auxiliary ☐ State ☐ U.S. Power Squadron ☐ Other (indicate):

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

Name of operator	Telephone number ( )	Name of owner	Telephone number ( )

Address (number and street, city, state, and zip code)	Address (number and street, city, state, and zip code)

Vessel registration number:	Registration expiration date:	Make:	Model:

VESSEL 1 (THIS VESSEL)

Name of owner	Rented vessel ☐ Yes ☐ No	Insurance company:

Address of owner (number and street, city, state, and zip code)	Owner's telephone number ( )

Registration number	Registration expiration date	Registration onboard ☐ Yes ☐ No	Location of vessel after occurrence:

Capacity plate and engine information

__________ **LBS.** __________ **Number of persons**

__________ **H.P. rating** __________ **Number of engines**

__________ **Actual H.P.** **Engine make:** ______________________

☐ Outboard ☐ Inboard – Gas ☐ Inboard – Diesel ☐ I/O ☐ Jet

Vessel data

__________ **Length** __________ **Width**

__________ **Height of transom**

Hull Identification Number: ______________________

Year	Vessel Make	Vessel Model	Vessel Color	Vessel Type

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, ATTACH ADDITIONAL FORM(S)

☐ Injured ☐ Deceased ☐ Occupant ☐ Witness

Name	Age	Date of birth	Telephone number ( )

Address (number and street, city, state, and zip code	Name of injury/cause of death/location at time of occurrence

☐ Injured ☐ Deceased ☐ Occupant ☐ Witness

Name	Age	Date of birth	Telephone number ( )

Address (number and street, city, state, and zip code	Name of injury/cause of death/location at time of occurrence

☐ Injured ☐ Deceased ☐ Occupant ☐ Witness

Name	Age	Date of birth	Telephone number ( )

Address (number and 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