



STATE OF IOWA DNR LAW ENFORCEMENT
 DEPARTMENT OF NATURAL RESOURCES
 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- (515) 281-5918

OCCURRENCE DATA

Date (month, day, year) of occurrence		Actual local time		<input type="checkbox"/> AM	Number of boats		Number of injuries/fatalities	
				<input type="checkbox"/> PM			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"/> None	<input type="checkbox"/> Moderate (7-14)	<input type="checkbox"/> Storm (over 25)	<input type="checkbox"/> Clear	<input type="checkbox"/> Fog	<input type="checkbox"/> Snow	
<input type="checkbox"/> Rough	<input type="checkbox"/> Very Rough	<input type="checkbox"/> Light (0-6)	<input type="checkbox"/> Strong (15-25)		<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"/> Vessel equipped with PFD's	<input type="checkbox"/> Used by survivors		<input type="checkbox"/> On board			
<input type="checkbox"/> Poor	<input type="checkbox"/> Night	<input type="checkbox"/> Accessible	If used list type:		If used list type:			
Operation at time of occurrence					Type of occurrence			
<input type="checkbox"/> Commercial activity	<input type="checkbox"/> Cruising	<input type="checkbox"/> Grounding	<input type="checkbox"/> Capsizing					
<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Approaching dock	<input type="checkbox"/> Flooding	<input type="checkbox"/> Sinking					
<input type="checkbox"/> Leaving dock	<input type="checkbox"/> Water skiing	<input type="checkbox"/> Fire or explosion (fuel)	<input type="checkbox"/> Fire or explosion (other)					
<input type="checkbox"/> Racing	<input type="checkbox"/> Towing	<input type="checkbox"/> Collision with vessel	<input type="checkbox"/> Hit by boat or propeller					
<input type="checkbox"/> Being towed	<input type="checkbox"/> Drifting	<input type="checkbox"/> Collision with fixed object	<input type="checkbox"/> Falls overboard					
<input type="checkbox"/> At anchor	<input type="checkbox"/> Tied to dock	<input type="checkbox"/> Falls in boat	<input type="checkbox"/> Fallen skier/tubing					
<input type="checkbox"/> Fueling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Other (specify):						
<input type="checkbox"/> Hunting	<input type="checkbox"/> Skin diving/swimming							
<input type="checkbox"/> Other (specify):								

OPERATOR VESSEL 1 (THIS VESSEL)

Name		Sex	<input type="checkbox"/> Male	Age	Date of birth	Telephone Number
		<input type="checkbox"/> Female				
Address (number and 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"/> None	<input type="checkbox"/> USCG Auxiliary			
<input type="checkbox"/> 100-500 hours	<input type="checkbox"/> Over 500 hours	<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
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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <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 Hull Identification Number _____		
<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard- Gas <input type="checkbox"/> Inboard-Diesel <input type="checkbox"/> I/O <input type="checkbox"/> Jet				
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, 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 (Number and 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 (Number and 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 (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