



State of Iowa
Department of Natural Resources
Law Enforcement
 6200 PARK AVE STE 200, DES MOINES IA 50321
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 local Conservation Officer in the County where the occurrence happened, 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:** _____ 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		Wind (MPH)		Weather	
<input type="checkbox"/> Calm	<input type="checkbox"/> Rough	<input type="checkbox"/> None	<input type="checkbox"/> Strong (15-25)	<input type="checkbox"/> Clear	<input type="checkbox"/> Rain
<input type="checkbox"/> Strong Current	<input type="checkbox"/> Very Rough	<input type="checkbox"/> Light (0-6)	<input type="checkbox"/> Storm (over 25)	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snow
Est Water Temp: _____	<input type="checkbox"/> Moderate (7-14)	Est. Air Temp: _____	<input type="checkbox"/> Fog	<input type="checkbox"/> Hazy	

Were weather forecasts used by the operator before and during the use of the vessel? Yes No

If yes, website used (or attach copies if printed): _____

Visibility	Personal Flotation Devices (PFD's)	Fire Extinguishers
<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Vessel equipped with PFD's <input type="checkbox"/> Accessible	<input type="checkbox"/> On board <input type="checkbox"/> Used
<input type="checkbox"/> Fair <input type="checkbox"/> Night	<input type="checkbox"/> Used by survivors If used, type: _____	If used, type: _____

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

OPERATOR - VESSEL 1 (THIS VESSEL)

Name: _____ Sex: Male Female
Address: _____ Date of birth: _____
City, State, Zip Code: _____ Age: _____
Email: _____ Telephone Number: _____

Operator's experience (this vessel) **Operator's formal instruction in boating safety**
 Under 20 hours 100-500 hours None USCG Auxiliary
 20-100 hours Over 500 hours State US Power Squadron
 Other (specify): _____

Estimated Number of Days Vessel Used this Year _____ Typical Number of Hours Used Each Day this Year _____
Typical Number of Persons (including yourself) On Board Vessel Each Day this Year _____

OWNER - VESSEL 1 (THIS VESSEL)

Name: _____
Address: _____
City, State, Zip Code: _____
Email: _____ Telephone Number: _____
Insurance company: _____

VESSEL 1 (THIS VESSEL)

Name of Vessel: _____
Rented Vessel: Yes No Number of persons onboard or towed: _____
Registration number: _____ Registration expiration date: _____
Location of vessel after occurrence: _____ Registration onboard: Yes No

Capacity plate and engine information **Vessel data**
_____ LBS _____ Number of persons _____ Length _____ Width
_____ HP Rating _____ Number of engines _____ Height of transom
_____ Actual HP Engine make: _____ **Hull Identification Number:** _____
Engine: Outboard Inboard Sterndrive No engine Pod drive Other: _____

HP _____ Fuel: _____ Hull Material: _____
Propulsion: Propeller Water jet Air thrust Manual Sail Other: _____
Vessel Make: _____ Vessel Model: _____
Year: _____ Vessel Color: _____ Vessel Type _____
USCG documented (name and number): _____
Estimated damage: \$ _____ Other property damage: \$ _____

PEOPLE ONBOARD VESSEL 1 (THIS VESSEL)- IF MORE THAN THREE, ATTACH ADDITIONAL FORM(S)

Injured Deceased Occupant Witness
Name: _____ Date of Birth: _____
Address: _____ Age: _____
City, State, Zip Code: _____
Email: _____ Telephone Number: _____
Name of injury/cause of death and location at time of occurrence: _____

Injured Deceased Occupant Witness

Name: _____ Date of Birth: _____

Address: _____ Age: _____

City, State, Zip Code: _____

Email: _____ Telephone Number: _____

Name of injury/cause of death and location at time of occurrence: _____

Injured Deceased Occupant Witness

Name: _____ Date of Birth: _____

Address: _____ Age: _____

City, State, Zip Code: _____

Email: _____ Telephone Number: _____

Name of injury/cause of death and location at time of occurrence: _____

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

Name: _____ Sex: Male Female

Address: _____ Date of birth: _____

City, State, Zip Code: _____ Age: _____

Email: _____ Telephone Number: _____

Operator's experience (this vessel)

Under 20 hours 100-500 hours

20-100 hours Over 500 hours

Operator's formal instruction in boating safety

None USCG Auxiliary

State US Power Squadron

Other (specify): _____

Estimated Number of Days Vessel Used this Year _____ Typical Number of Hours Used Each Day this Year _____

Typical Number of Persons (including yourself) On Board Vessel Each Day this Year _____

OWNER - VESSEL 2

Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____ Telephone Number: _____

Insurance company: _____

VESSEL 2

Name of Vessel: _____

Rented Vessel: Yes No Number of persons onboard or towed: _____

Registration number: _____ Registration expiration date: _____

Location of vessel after occurrence: _____ Registration onboard: Yes No

Capacity plate and engine information

Vessel data

_____ LBS _____ Number of persons _____ Length _____ Width

_____ HP Rating _____ Number of engines _____ Height of transom
 _____ Actual HP Engine make: _____ **Hull Identification Number:** _____
Engine: Outboard Inboard Sterndrive No engine Pod drive Other: _____
HP _____ **Fuel:** _____ **Hull Material:** _____
Propulsion: Propeller Water jet Air thrust Manual Sail Other: _____
Vessel Make: _____ **Vessel Model:** _____
Year: _____ **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.

Description of each equipment failure that caused or contributed to the cause of the casualty:

Describe the cause of the casualty. Include in your description whether alcohol, drugs, or both contributed to causing the casualty.

Printed name of person submitting this report: _____

Signature: _____ Date submitted: _____