



**State of Iowa**  
**Department of Natural Resources**  
**Law Enforcement**  
 6200 PARK AVE STE 200, DES MOINES IA 50321  
[www.iowadnr.gov](http://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):** \_\_\_\_\_

<b>Water condition</b>		<b>Wind (MPH)</b>		<b>Weather</b>	
<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): \_\_\_\_\_

<b>Visibility</b>	<b>Personal Flotation Devices (PFD's)</b>	<b>Fire Extinguishers</b>
<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: _____

<b>Operation at time of occurrence</b>	<b>Type of occurrence</b>
<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)**

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 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: \_\_\_\_\_