



**State of Iowa**  
**Department of Natural Resources**  
**Law Enforcement**  
 502 E 9<sup>TH</sup> ST, DES MOINES IA 50319-0034  
[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):** \_\_\_\_\_

**Water condition**

- Calm       Rough  
 Strong Current       Very Rough

**Wind (MPH)**

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

**Weather**

- Clear       Rain  
 Cloudy       Snow  
 Fog       Hazy

Est Water Temp: \_\_\_\_\_

Est. Air Temp: \_\_\_\_\_

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**

- Good       Poor  
 Fair       Night

**Personal Flotation Devices (PFD's)**

- Vessel equipped with PFD's       Accessible  
 Used by survivors      If used, type: \_\_\_\_\_

**Fire Extinguishers**

- On board       Used  
 If used, type: \_\_\_\_\_

**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  
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: \_\_\_\_\_