

CCMS Boating Accident Report

Date: _____ Time: _____

Name of person completing this form: _____ Phone # _____

Signature: _____

Location of accident: _____

Weather conditions: _____

Name of boat: _____ CF# _____

Point of entry: _____

Name of project _____

Captain of vessel: _____ Phone # _____

Names of crew: _____

Names & phone # of witness other than Cal Poly
personnel: _____

Was anyone injured? _____ Describe _____

Was there any property damage? _____ Describe _____

Please briefly describe the events of the incident: