



INCIDENT REPORT



OASIS SAILING CLUB

1) BOAT DESCRIPTION

Name:		Make: CATALINA	Length: 34' 6"
Registration:		Model: CATALINA 34 MKII	Type: SLOOP
Hull ID:		Year Built:	Motor: 30 hp Diesel

2) BOAT OWNER

Name	Address	Phone
Friends of OASIS	801 Narcissus Avenue, Corona del Mar, CA 92625	(949) 718-1800

3) TIME AND PLACE OF INCIDENT

Date	Time	Body of Water	Precise Location
Nearest City or Town:			State

4) TYPE OF INCIDENT

<input type="checkbox"/> Collision with Another Boat	<input type="checkbox"/> Flooding / Swamping	<input type="checkbox"/> Fire or Explosion (Fuel)
<input type="checkbox"/> Collision with a Floating Object	<input type="checkbox"/> Sinking	<input type="checkbox"/> Fire or Explosion (Other than Fuel)
<input type="checkbox"/> Collision with a Fixed Object	<input type="checkbox"/> Capsizing	<input type="checkbox"/> Man Overboard
<input type="checkbox"/> Complete Engine Failure	<input type="checkbox"/> Grounding	<input type="checkbox"/> Injury in Boat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical Emergency

5) SKIPPER

Name	Address	Phone

6) MATE

Name	Address	Phone

7) HELMSMAN ON WATCH AT TIME OF INCIDENT

Name	Address	Phone

8) CREW (Other than Skipper and Mate)

Certified as:	Name	Address	Phone
Skpr <input type="checkbox"/>			
Mate: <input type="checkbox"/>			
Skpr <input type="checkbox"/>			
Mate: <input type="checkbox"/>			
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Mate: <input type="checkbox"/>			
Skpr <input type="checkbox"/>			
Mate: <input type="checkbox"/>			

9) WITNESSES (Not aboard)

Name	Address	Phone

10) VISIBILITY AT TIME OF INCIDENT

<input type="checkbox"/> Day	<input type="checkbox"/> Clear	<input type="checkbox"/> Hazy	<input type="checkbox"/> Light Fog	<input type="checkbox"/> Dense Fog	<input type="checkbox"/> Rain	<input type="checkbox"/> Cloudy
<input type="checkbox"/> Night	<input type="checkbox"/> No Moonlight	<input type="checkbox"/> Bright Moonlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11) WATER CONDITION AT TIME OF INCIDENT

<input type="checkbox"/> Calm (waves less than 6")	<input type="checkbox"/> Rough Sea (waves 2 ft to 6 ft)	<input type="checkbox"/> Strong Tide / Current
<input type="checkbox"/> Choppy (waves 6" to 2 ft)	<input type="checkbox"/> Very Rough Sea (waves more than 6 ft)	<input type="checkbox"/>

12) WIND FORCE AT TIME OF INCIDENT

<input type="checkbox"/> CALM (Less than 1 knot)	<input type="checkbox"/> MODERATE BREEZE (11 to 16 knots)	<input type="checkbox"/> STRONG GALE (41 to 47 knots)
<input type="checkbox"/> LIGHT AIR (1 to 3 knots)	<input type="checkbox"/> FRESH BREEZE (17 to 21 knots)	<input type="checkbox"/> STORM (48 to 55 knots)
<input type="checkbox"/> LIGHT BREEZE (4 to 6 knots)	<input type="checkbox"/> STRONG BREEZE (22 to 27 knots)	<input type="checkbox"/> SEVERE STORM (56 to 63 knots)
<input type="checkbox"/> GENTLE BREEZE (7 to 10 knots)	<input type="checkbox"/> NEAR GALE (28 to 33 knots)	<input type="checkbox"/> HURRICANE (Above 63 knots)
<input type="checkbox"/> GALE (34 to 40 knots)	<input type="checkbox"/>	<input type="checkbox"/>

13) SAFETY EQUIPMENT ABOARD

Please give as much information as helpful	
Personal Flotation Devices:	
Were they USCG Approved?	
Were they used by survivors?	
Were they properly used?	
Fire Extinguishers:	
Were they operational?	
Were any used during the incident?	

14) WHAT, IN YOUR OPINION, CONTRIBUTED TO THE INCIDENT ?

<input type="checkbox"/> FAULTY HULL	<input type="checkbox"/> WEATHER	<input type="checkbox"/> EXCESSIVE SPEED
<input type="checkbox"/> FAULTY EQUIPMENT	<input type="checkbox"/> HAZARDOUS WATERS	<input type="checkbox"/> OVERLOADING
<input type="checkbox"/> FAULTY PROCEDURES	<input type="checkbox"/> POOR VISIBILITY	<input type="checkbox"/> IMPROPER LOADING
<input type="checkbox"/> PROCEDURES NOT FOLLOWED	<input type="checkbox"/> BLOCKED VISIBILITY	<input type="checkbox"/> OPERATOR INEXPERIENCE
<input type="checkbox"/> NO PROPER LOOKOUT	<input type="checkbox"/> IMPROPER NAVIGATION LIGHT DISPLAY	<input type="checkbox"/> OPERATOR INATTENDANCE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) OPERATION AT TIME OF INCIDENT (Check all that apply)

<input type="checkbox"/> Under Sail	<input type="checkbox"/> Maneuvering	<input type="checkbox"/> Close Hauled	<input type="checkbox"/> Head to Wind
<input type="checkbox"/> Under Power	<input type="checkbox"/> Tacking	<input type="checkbox"/> Close Reach	<input type="checkbox"/> Main Single Reefed
<input type="checkbox"/> Drifting	<input type="checkbox"/> Gibing	<input type="checkbox"/> Beam Reach	<input type="checkbox"/> Main Double Reefed
<input type="checkbox"/> At Anchor	<input type="checkbox"/> Towing	<input type="checkbox"/> Broad Reach	<input type="checkbox"/> Jib Furled
<input type="checkbox"/> Moored to Buoy	<input type="checkbox"/> Being Towed	<input type="checkbox"/> Running	<input type="checkbox"/> All Sails Dowsed
<input type="checkbox"/> Tied to Dock	<input type="checkbox"/> Approaching Dock	<input type="checkbox"/> Starboard Tack	<input type="checkbox"/> Towing Another Boat
<input type="checkbox"/> Fueling	<input type="checkbox"/> Leaving Dock	<input type="checkbox"/> Port Tack	<input type="checkbox"/> Under Tow by Another Boat

16) OTHER BOAT DESCRIPTION

Name:	Make:	Length:
Registration:	Model:	Type:
Hull ID:	Year Built:	Motor:
Owner Name	Address	Phone

