



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"/>			
Skpr <input type="checkbox"/>			
Mate: <input type="checkbox"/>			
Skpr <input type="checkbox"/>			
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				

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)	

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)	

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

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

18) AGENCY REPORTED TO

Agency		Date		Time	
Agency		Date		Time	
Agency		Date		Time	
Agency		Date		Time	

19) PERSON COMPLETING THIS REPORT

Print Name	Address	Phone
Signature	Date	

Skippers must complete Items #1 through #19 for all incidents specified in item #17.

All other crew members must be ready to fill Item #17.

Indicate those items that are not applicable by "N/A".

Failure to comply with reporting requirements may result in disciplinary action, including suspension of a Club member's Club privileges for a period of time, removal of a Skipper's or Mate's certification, restitution to the Club for damages, or expulsion from the Club.

All accidents or contacts with objects ... or other unusual events [affecting] the operation of a Club boat or require notification to local authorities, the State of California ..., U. S. Coast Guard, and/or the Club's insurance company shall be recorded in the boat's log and reported by the Skipper involved to the Commodore or the acting Commodore within 24 hours.

If there is damage to the Club's boat, such notification shall also be made to the Boat Officer.

In addition, a Club's Incident Report shall be submitted to the Commodore, or the acting Commodore within 48 hours.

Ref: By-law 8

Any contact with another boat or another object shall be immediately reported to:

- (a) Balboa Yacht Basin Marina Manager (949-673-0360) if contact occurred within Balboa Yacht Basin, or**
- (b) The appropriate Marina Manager (VHF CH 16) if contact occurred in another marina, or**
- (c) Newport Harbor Master (VHF CH 16 or 949-723-1000) if contact occurred outside Balboa Yacht Basin but within Newport Harbor**
- (d) The appropriate Harbor Master (VHF CH 16) if contact occurred in another harbor, or**
- (e) The United States Coast Guard (VHF CH 16 or 310-833-1600) if contact occurred at sea.**