



# INCIDENT REPORT



Any and all accidents or other unusual events which might affect the operation of the Club boat or require notification to the United States Coast Guard, local authorities, and/or the Club's insurance company shall be reported by the Skipper involved to the Commodore or, in his absence, the next officer in line.

(Oasis Sailing Club Constitution and By-laws)

Skippers and Mates must complete Items #1 through #17 for all incidents specified in Item #8. All other crew members must report Items #7 through #15.

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

## 1) BOAT DESCRIPTION

Name:	<b>OASIS III</b>	Make:	<b>Newport</b>	Length:	<b>30'6"</b>
Registration:	<b>CF 9760FW</b>	Model:	<b>NEWPORT 30 MK II</b>	Type:	<b>SLOOP</b>
Hull ID:	<b>CPY 306530176</b>	Year Built:	<b>1976</b>	Motor:	<b>30hp inboard Gasoline</b>

## 2) BOAT OWNER

Name	Address	Phone
<b>Friends of Oasis</b>	<b>800 Marguerite Ave. Corona del Mar, CA 92625</b>	<b>(949) 718-1800</b>

## 3) SKIPPER

Name	Address	Cell Phone
Experience on Newport 30 (yrs)	Formal instruction in Boating Safety (year completed)	
Experience on other boats (yrs):	USCG Auxiliary	US Power Squadron American Red Cross Other:

## 4) MATE

Name	Address	Cell Phone
Experience on Newport 30 (yrs)	Formal instruction in Boating Safety (year completed)	
Experience on other boats (yrs):	USCG Auxiliary	US Power Squadron American Red Cross Other:

## 5) HELMSMAN ON WATCH AT TIME OF INCIDENT

Name	Address	Cell Phone
Experience on Newport 30 (yrs)	Formal instruction in Boating Safety (year completed)	
Experience on other boats (yrs):	USCG Auxiliary	US Power Squadron American Red Cross Other:

## 6) CREW (Other than Skipper and Mate)

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

## 7) TIME AND PLACE OF INCIDENT

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

## 8) 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9) 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

## 10) VISIBILITY AT TIME OF INCIDENT

Air Temperature _____ ° F	<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

Water Temperature _____ °	<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"/>	<input type="checkbox"/> GALE (34 to 40 knots)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 13) SAFETY EQUIPMENT ABOARD

Personal Flotation Devices:	Number	Type	Number	Type	Number	Type
Were they USCG Approved?	Were they Accessible?					
Was the Boat adequately equipped with USCG approved PFD's?	Were they used by survivors?			Were they properly used?		
Fire Extinguishers:	Number	Type	Number	Type	Number	Type
Were Fire Extinguishers used?	Number	Type	Number	Type	Number	Type



