

(310) 510-0535
(310) 510-2640 FAX

CITY OF AVALON HARBOR DEPARTMENT
VESSEL ACCIDENT REPORT

PO BOX 1085
AVALON, CA 90704

harborpatrol@cityofavalon.com

DATE OF ACCIDENT	TIME	LOCATION OF ACCIDENT
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VESSEL NO. 1 (YOUR VESSEL)

BOAT NAME	REGISTRATION	MANUFACTURE	TYPE OF VESSEL () POWER () SAIL
Operators Name: _____ Address: _____ City: _____ Zip: _____ Phone: ()		Owners Name: _____ Address: _____ City: _____ Zip: _____ Phone: ()	

INSURANCE CARRIER	Address: _____ City: _____ Zip: _____	Agents Phone Number: ()
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VESSEL NO. 2 (OTHER VESSEL INVOLVED)

BOAT NAME	REGISTRATION	MANUFACTURE	TYPE OF VESSEL () POWER () SAIL
Operators Name: _____ Address: _____ City: _____ Zip: _____ Phone: ()		Owners Name: _____ Address: _____ City: _____ Zip: _____ Phone: ()	

INSURANCE CARRIER	Address: _____ City: _____ Zip: _____	Agents Phone Number: ()
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ENVIORNMENTAL CONDITIONS

Weather () Clear () Cloudy () Fog	Water () Calm () Choppy () Rough	Temperature Air _____ Water _____	Wind Direction _____ Speed _____	Visibility () Good () Fair () Poor	Did weather contribute to the accident? () Yes () No
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WITNESSES

Name: _____	Address: _____ City: _____ Zip: _____	Phone: ()
Name: _____	Address: _____ City: _____ Zip: _____	Phone: ()
Name: _____	Address: _____ City: _____ Zip: _____	Phone: ()

***** DESCRIBE ACCIDENT ON BACK SIDE OF THIS FORM*****

*****COMPELTE BOTH SIDES*****

