

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

**CITY OF AVALON HARBOR DEPARTMENT**  
**VESSEL ACCIDENT REPORT**

PO BOX 1085  
AVALON, CA 90704

[harborpatrol@cityofavalon.com](mailto: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\*\*\***

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**CITY OF AVALON HARBOR DEPARTMENT**  
**VESSEL ACCIDENT NARRATIVE REPORT**

PO BOX 1085  
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**ACCIDENT DESCRIPTION**

**DESCRIBE WHAT HAPPENED AND WHAT COULD HAVE PREVENTED THIS ACCIDENT**  
**(Include failure of equipment, etc.)**

SKETCH ACCIDENT: (if necessary)

**PERSON COMPLETING REPORT**

Qualification: ( ) Operator ( ) Owner ( ) Other \_\_\_\_\_

Date Report Submitted:

Time:

Signature: