

BOATING ACCIDENT REPORT

States have different requirements for accident reporting. Each state specifies what conditions require you to report an accident (for example: death, injury or property damage exceeding \$500), how soon the report must be filed

after an accident occurs, and to whom the accident must be reported. Most states have their own Accident Report form, but the information collected will be very similar to that shown below. All reports are confidential. Indicate those not applicable by "NA" **Complete all blocks and both sides.**

INFORMATION ABOUT BOAT OPERATOR

Name and address of operator	Age of operator Date of birth	Operator's experience
Operator's phone #	Owner's phone #	This type of boat <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours
Name and address of owner	Is this boat rented? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other type of boat <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours
	Number of persons on board	Formal instruction in boating safety <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (specify) _____

INFORMATION ABOUT OPERATOR'S BOAT

Boat registration #	Boat name	Boat make	Boat model	Hull I.D. #
Type of boat <input type="checkbox"/> Open motorboat <input type="checkbox"/> Cabin motorboat <input type="checkbox"/> Auxiliary sailboat <input type="checkbox"/> Sailboat <input type="checkbox"/> Row boat <input type="checkbox"/> Canoe <input type="checkbox"/> Other (specify)	Hull material <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Other (specify)	Engine <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Inboard-outboard <input type="checkbox"/> Jet <input type="checkbox"/> Other (specify)	Propulsion <input type="checkbox"/> Number of engines <input type="checkbox"/> Total horsepower <input type="checkbox"/> Type of fuel	Construction Length _____ Year built _____
			Has boat had a safety examination? (specify) <input type="checkbox"/> None <input type="checkbox"/> State/local examination <input type="checkbox"/> Other <input type="checkbox"/> USCGAux/USPS Vessel Safety Check For current year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACCIDENT DATA

Date of accident	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Body of water	Precise location	
State	Nearest city or town		County	
Weather <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	Water conditions <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very rough (greater than 6') <input type="checkbox"/> Strong current	Wind <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)	Visibility Day <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Night <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Estimated temperature Air _____ ° F Water _____ ° F

Operation at time of accident (check all applicable) <input type="checkbox"/> Commercial activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching dock <input type="checkbox"/> Leaving dock <input type="checkbox"/> Water skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Paddling <input type="checkbox"/> Drifting	<input type="checkbox"/> At anchor <input type="checkbox"/> Tied to dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin diving/ swimming <input type="checkbox"/> Being towed <input type="checkbox"/> Other (specify)	Type of accident <input type="checkbox"/> Collision with boat <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with floating object <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/ swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Hit by boat or propeller	<input type="checkbox"/> Fire or explosion (fuel) <input type="checkbox"/> Fire or explosion (other than fuel) <input type="checkbox"/> Fallen skier <input type="checkbox"/> Falls overboard <input type="checkbox"/> Falls in boat <input type="checkbox"/> Other (specify)	What, in your opinion, contributed to the accident? (check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Drug use <input type="checkbox"/> Excessive speed <input type="checkbox"/> Fault of hull <input type="checkbox"/> No proper lookout <input type="checkbox"/> Fault of machinery <input type="checkbox"/> Restricted vision <input type="checkbox"/> Fault of equipment <input type="checkbox"/> Overloading <input type="checkbox"/> Operator inexperience <input type="checkbox"/> Improper loading <input type="checkbox"/> Operator inattention <input type="checkbox"/> Hazardous waters <input type="checkbox"/> Other (specify) <input type="checkbox"/> Alcohol use _____
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FIRE EXTINGUISHERS

Were fire extinguishers used? No Yes
Type(s) _____ Quantity: _____

PERSONAL FLOTATION DEVICES (PFDs)

Was the boat adequately equipped with U. S. Coast Guard-approved personal flotation devices? Yes No
Were they accessible? Yes No Were they serviceable? Yes No
Were they used by survivors? Yes No Were they adjusted? Yes No
Were PFDs properly used? Yes No What type? I II III
 IV V
Were they sized? Yes No
Was the boat carrying non-approved PFDs? Yes No
Were they accessible? Yes No
Were they used? Yes No If yes, indicate kind: _____
(include any comments on PFDs under Accident Description on other side)

PROPERTY DAMAGE

Describe property damage

Name/address of owner of damaged property

Estimated amount of property damage
This boat \$ _____ Other boat \$ _____
Other property \$ _____

DECEASED

Name	Address	Date of birth	Was the victim... <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Death caused by <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	Was a PFD worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type?
Name	Address	Date of birth	Was the victim... <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Death caused by <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	Was a PFD worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type?
Name	Address	Date of birth	Was the victim... <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	Death caused by <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	Was a PFD worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type?

INJURED

Name	Address	Date of birth	Nature of injury	Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Address	Date of birth	Nature of injury	Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Address	Date of birth	Nature of injury	Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No

ACCIDENT DESCRIPTION

Describe sequence of events. If it applies, include any information about failure of equipment, use or non-use of PFDs, influence of drugs or alcohol, etc. If diagram is needed attach it separately. Continue this description on additional sheets if necessary.

VESSEL # 2

Name of operator	Address	Boat #
Phone #		Boat name
Name of owner	Address	

WITNESSES

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

INFORMATION ABOUT PERSON COMPLETING THIS REPORT

Name	Address	Phone #
Signature		Date submitted

Qualification (check one) Boat operator Boat owner Investigator Other (specify)

TO BE FILLED OUT BY REPORTING AUTHORITY ONLY — USE AGENCY DATE STAMP

Causes based on (check one) <input type="checkbox"/> This report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> Investigation and this report	Name of reviewing office		Date received
	Primary cause of accident	Secondary cause of accident	Reviewed by