AGENCY CASE # **BARD #**

BOAT #

Accident Details – Injured people receiving or in need of treatment beyond first aid

Injured person information

Last: First: MI:

Street: City:

State: Zip: Phone:

Date of Birth Age: Was injured person wearing a lifejacket? ☐ Yes ☐ No

Person received treatment beyond first aid: ☐ Yes ☐ No Person was admitted to a hospital: ☐ Yes ☐ No

Describe Injury

Primary Injury (check one)

☐ Unknown ☐ Head Injury
☐ Amputation ☐ Hypothermia
☐ Back Injury ☐ Internal Injuries
☐ Broken Bone(s) ☐ Laceration
☐ Burns ☐ Neck Injury
☐ Carbon Monoxide Poisoning ☐ Shock
☐ Contusion ☐ Spinal Injury
☐ Dislocation ☐ Sprain/strain
☐ Electrocution ☐ Teeth
☐ Other (describe)

Body part of most serious injury (e.g., head, hip):

Secondary Injury (Check all that apply):

☐ Unknown ☐ Head Injury
☐ Amputation ☐ Hypothermia
☐ Back Injury ☐ Internal Injuries
☐ Broken Bone(s) ☐ Laceration
☐ Burns ☐ Neck Injury
☐ Carbon Monoxide Poisoning ☐ Shock
☐ Contusion ☐ Spinal Injury
☐ Dislocation ☐ Sprain/strain
☐ Electrocution ☐ Teeth
☐ Other (describe)

The injured person was (select one):
☐ Boat operator/owner ☐ Passenger on the boat
☐ Person being towed by the boat

Alcohol use apparent ☐ Yes ☐ No BAC

Life Jacket Type

Life Jacket Use Information:
☐ Worn ☐ Inflatable
☐ Inherently buoyant ☐ Not worn but used
☐ Prior to accident ☐ Not worn and not used
☐ As a result of accident ☐ Unknown

Injury caused when person (select all that apply):

☐ Struck the:
(e.g., boat, water)

☐ Was struck by a:
(e.g., boat, propeller)

☐ Was exposed to carbon monoxide poisoning
☐ Received an electric shock
☐ Other (describe):