

RECREATIONAL BOAT ACCIDENT REPORT
ADDITIONAL FATALITY

AGENCY CASE # BARD #

BOAT #

Person who died or disappeared

Same information as: (e.g., operator or passenger/witness #1)

Deceased persons information

Last: First: MI:

Street: City:

State: Zip: Phone:

Date of Birth Age: Male Female

Alcohol use apparent Yes No BAC Drug use apparent Yes No Type

Victim Activity:

- Fishing Tubing
- Hunting Water Skiing
- Scuba Diving / Snorkeling
- Swimming
- Other (specify)
- None

Was person wearing a lifejacket? Yes No

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):

Nature of death/disappearance (select one):

- Death – by drowning
- Death – other likely cause (describe):
- Disappeared and not yet recovered? Yes No
- The deceased or missing person was (select one):
 - Boat operator/owner Passenger on the boat
 - Person being towed by the boat