

RECREATIONAL BOAT ACCIDENT REPORT
ADDITIONAL PEOPLE INVOLVED IN THE ACCIDENT

AGENCY CASE #

BARD #

BOAT #

Other key people

Other key person was (select all that apply): Passenger on boat Person being towed by boat Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

Male Female DOB: DL#: State:

Was life jacket worn? Yes No If yes, what type: Before As a result of

Was this person injured beyond first aid? Yes No Fatal? Yes No

Other key people

Other key person was (select all that apply): Passenger on boat Person being towed by boat Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

Male Female DOB: DL#: State:

Was life jacket worn? Yes No If yes, what type: Before As a result of

Was this person injured beyond first aid? Yes No Fatal? Yes No

Other key people

Other key person was (select all that apply): Passenger on boat Person being towed by boat Witness

Name/address of other key person

Last: First: MI:

Street: City:

State: Zip: Phone:

Male Female DOB: DL#: State:

Was life jacket worn? Yes No If yes, what type: Before As a result of

Was this person injured beyond first aid? Yes No Fatal? Yes No