

RECREATIONAL BOAT ACCIDENT REPORT
 ADDITIONAL BOAT INVOLVED IN THE ACCIDENT

AGENCY CASE # BARD #

BOAT #

Owner Information

Last name: First: MI:
 Street: City:
 State: Zip: Phone number:

Boat Information

Registration number: State (where registered):
 Hull number (HIN): Boat name:
 Manufacturer: Model: Year:
 Length: ft. In. Rented: Yes No

Boat Type

(select one):

- Cabin motorboat
- Open motorboat
- Auxiliary sail
- Pontoon boat
- Inflatable
- House boat
- Sail (only)
- Kayak
- Canoe
- Rowboat
- Airboat
- Jet Boat
- Personal watercraft (PWC)
- Unknown
- Other (describe):

Propulsion (select all that apply):

- Propeller
- Water jet
- Air thrust
- Manual
- Sail
- Other (describe):

Hull Material

- Fiberglass
- Aluminum
- Wood
- Steel
- Rubber/vinyl/canvas
- Plastic
- Rigid Hull Inflatable
- Kevlar
- Other (describe):

Engine

Number of engines:
 Manufacturer:
 Total horsepower:

Engine type (select one):

- Outboard
- Inboard
- Stern drive (I/O)
- None

Fuel type (select all that apply):

- Gasoline
- Diesel
- Electric

Safety Measures

Instructions in boat safety (select one):
 None US Power Squadron Internet Course Unknown
 State course American Red Cross Other (describe):
 US Coast Guard Auxiliary

Received PWC rental education? Yes No

Number of life jackets on board:

Number of life jackets used:

Number of fire extinguishers on board:

Number of fire extinguishers used:

Type of fire extinguishers used (e.g., B-I, B-II):

Damage to the boat

Briefly summarize any damage to the boat:

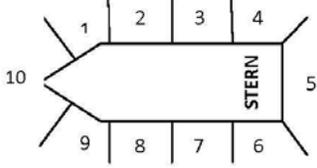
Estimated amount of damage to the boat: Was the boat a total loss? Yes No

Insurance Company:

Briefly summarize any damage to other property (not the boat) (e.g., fishing gear):

Estimated amount of damage to other property:

RECREATIONAL BOAT ACCIDENT REPORT

BOAT # <input type="text"/> continued															
<p>Point of impact (indicate all that apply): <input type="text"/></p>  <p>11 – Below water line 12 – Lower Unit 13 – Windsheild 14 – Burned 15 – Sunk 16 – Injuries – No Damage</p>	<p>Positions Indicate the positions in boat for Operator (O), Passenger (#), Seated (S), Stand (A), and other (N). Post acceleration to boat: R – Remains aboard F – Fall E – Ejected L – Leaves boat voluntarily T – Trapped in overturned boat Examples below: <u>OAR</u> – Operator, stand, remains aboard <u>2SF</u> – Passenger #2, seated, fall overboard</p> <input type="text"/>														
Operator/Passenger Activities Operator/Passenger activities on the boat at time of accident:															
<p>Activities were (select one): <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial</p> <p>Number of people on board: <input type="text"/></p> <p>Number of people being towed: <input type="text"/></p>	<p>Activity at Time of Accident</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Fishing</td> <td><input type="checkbox"/> Racing</td> </tr> <tr> <td><input type="checkbox"/> Fishing tournament</td> <td><input type="checkbox"/> White water sports</td> </tr> <tr> <td><input type="checkbox"/> Hunting</td> <td><input type="checkbox"/> Fueling</td> </tr> <tr> <td><input type="checkbox"/> Swimming/Diving</td> <td><input type="checkbox"/> Starting engine</td> </tr> <tr> <td><input type="checkbox"/> Making repairs</td> <td><input type="checkbox"/> Non-Recreational</td> </tr> <tr> <td><input type="checkbox"/> Water skiing/Tubing</td> <td><input type="checkbox"/> Scuba Diving/Snorkeling</td> </tr> <tr> <td><input type="checkbox"/> Other (list): <input type="text"/></td> <td><input type="checkbox"/> Relaxing</td> </tr> </table>	<input type="checkbox"/> Fishing	<input type="checkbox"/> Racing	<input type="checkbox"/> Fishing tournament	<input type="checkbox"/> White water sports	<input type="checkbox"/> Hunting	<input type="checkbox"/> Fueling	<input type="checkbox"/> Swimming/Diving	<input type="checkbox"/> Starting engine	<input type="checkbox"/> Making repairs	<input type="checkbox"/> Non-Recreational	<input type="checkbox"/> Water skiing/Tubing	<input type="checkbox"/> Scuba Diving/Snorkeling	<input type="checkbox"/> Other (list): <input type="text"/>	<input type="checkbox"/> Relaxing
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Operation at Time of Accident															
<input type="checkbox"/> Cruising <input type="checkbox"/> Changing direction <input type="checkbox"/> Changing speed <input type="checkbox"/> Drifting	<input type="checkbox"/> Towing another Vessel <input type="checkbox"/> Being towed <input type="checkbox"/> Rowing/paddling <input type="checkbox"/> Sailing	<input type="checkbox"/> Launching <input type="checkbox"/> Docking/undocking <input type="checkbox"/> At anchor <input type="checkbox"/> Tied to dock/mooring	<input type="checkbox"/> Other (list): <input type="text"/>												
Estimated Speed: <input type="checkbox"/> Drifting <input type="checkbox"/> Under 10 mph <input type="checkbox"/> 10 – 20 mph <input type="checkbox"/> Over 20 mph <input type="checkbox"/> Over 40 mph <input type="checkbox"/> None															
Key People/Operator															
Name/address boat operator <input type="checkbox"/> Same as the owner															
Last: <input type="text"/> First: <input type="text"/> MI: <input type="text"/>															
Street: <input type="text"/> City: <input type="text"/>															
State: <input type="text"/> Zip: <input type="text"/> Phone: <input type="text"/>															
<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: <input type="text"/> DL#: <input type="text"/> State: <input type="text"/>															
Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: <input type="text"/> <input type="checkbox"/> Before <input type="checkbox"/> As a result of															
Was operator injured beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Fatal? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Operator report status (select one):															
<input type="checkbox"/> No operator <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> None															
Was a boating citation issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate violation and code section : <input type="text"/>															
Was alcohol involved? <input type="checkbox"/> Yes <input type="checkbox"/> No OUI arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No BAC level: <input type="text"/>															
Operators experience: <input type="checkbox"/> 0 to 10 hours <input type="checkbox"/> Over 10, up to 100 hours <input type="checkbox"/> Over 100, up to 500 <input type="checkbox"/> Over 500 hours															

RECREATIONAL BOAT ACCIDENT REPORT

BOAT # continued

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

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