

RECREATIONAL BOATING ACCIDENT REPORT

IDAHO DEPARTMENT OF PARKS AND RECREATION

PO BOX 83720

BOISE, ID 83720-0065

Agency Case #

BARD #

REPORT REQUIREMENTS

The operator of any vessel involved in a collision, accident or other casualty resulting in death, injury or property damage in excess of \$1,500 must file a Boating Accident Report (67-7027, Idaho Code). **Reports in cases of death, incapacitating injury or disappearance must be submitted within 48 hours.** Reports in other cases must be submitted within 10 days. All reports shall be submitted to the sheriff of the county in which the accident occurred, and a copy shall be readily transmitted by the sheriff's department to the State Boating Law Enforcement Coordinator, Idaho Department of Parks and Recreation.

Report required because (select all that apply):

- At least one person in this accident died.
- At least one injured person in this accident (required or was in need of treatment beyond first aid).
- At least one person in this accident disappeared and has not yet been recovered.
- All boat and other property damage (e.g., fishing/hunting gear) related to this accident totaled (or likely totaled) \$1,500 or more.
- Boats in this accident is (or likely is) a total loss.

ACCIDENT SUMMARY

When

Date: MM/DD/YY Time: am pm (select one)

Where

Body of water name:

Location (on water) description:

Nearest city/town:

County: State:

Accident Description:

RECREATIONAL BOAT ACCIDENT REPORT

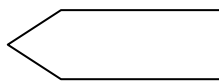
Accident Diagram

Diagram the position and direction of travel of boat(s) involved

Before Impact



At Impact



After Impact



Sequence of Events

Briefly describe the sequence of events

Contributing Factors

Indicate factors on each boat which may have contributed to this accident (select all that apply for each boat):

B1 B2	B1 B2	B1 B2	B1 B2
<input type="checkbox"/> <input type="checkbox"/> Alcohol use	<input type="checkbox"/> <input type="checkbox"/> Operator inattention	<input type="checkbox"/> <input type="checkbox"/> People on gunwhale, bow or transom	<input type="checkbox"/> <input type="checkbox"/> Failure to yield
<input type="checkbox"/> <input type="checkbox"/> Careless/reckless Operation	<input type="checkbox"/> <input type="checkbox"/> Improper anchoring	<input type="checkbox"/> <input type="checkbox"/> Starting in gear	<input type="checkbox"/> <input type="checkbox"/> Lack of / improper ski observer
<input type="checkbox"/> <input type="checkbox"/> Congested waters	<input type="checkbox"/> <input type="checkbox"/> Improper loading	<input type="checkbox"/> <input type="checkbox"/> Force of wake / wave	<input type="checkbox"/> <input type="checkbox"/> Other (describe):
<input type="checkbox"/> <input type="checkbox"/> Dam/lock	<input type="checkbox"/> <input type="checkbox"/> Lack of/improper boat lights	<input type="checkbox"/> <input type="checkbox"/> Heavy weather	B1 <input style="width: 100px; height: 15px;" type="text"/>
<input type="checkbox"/> <input type="checkbox"/> Drug use	<input type="checkbox"/> <input type="checkbox"/> Operator inexperience	<input type="checkbox"/> <input type="checkbox"/> Improper lookout	B2 <input style="width: 100px; height: 15px;" type="text"/>
<input type="checkbox"/> <input type="checkbox"/> Equipment failure	<input type="checkbox"/> <input type="checkbox"/> Overloading	<input type="checkbox"/> <input type="checkbox"/> Off throttle steering Loss	<input type="checkbox"/> <input type="checkbox"/> Unknown
<input type="checkbox"/> <input type="checkbox"/> Excessive speed	<input type="checkbox"/> <input type="checkbox"/> Passenger/skier Behavior	<input type="checkbox"/> <input type="checkbox"/> Navigation aids Missing	<input type="checkbox"/> <input type="checkbox"/> Language barrier
<input type="checkbox"/> <input type="checkbox"/> Failure to vent	<input type="checkbox"/> <input type="checkbox"/> Restricted vision	<input type="checkbox"/> <input type="checkbox"/> Navigation aid not performing	
<input type="checkbox"/> <input type="checkbox"/> Hazardous waters	<input type="checkbox"/> <input type="checkbox"/> Navigation rules Violation		
<input type="checkbox"/> <input type="checkbox"/> Hull failure	<input type="checkbox"/> <input type="checkbox"/> Sharp turn		
<input type="checkbox"/> <input type="checkbox"/> Ignition of fuel or Vapor			
<input type="checkbox"/> <input type="checkbox"/> Machinery failure			

RECREATIONAL BOAT ACCIDENT REPORT

Machinery Equipment Failure

Failure of the following machinery/equipment that contributed to this accident (select all that apply for each boat):

B1 B2 <input type="checkbox"/> <input type="checkbox"/> Auxiliary equipment <input type="checkbox"/> <input type="checkbox"/> Communication equipment <input type="checkbox"/> <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> <input type="checkbox"/> Sail/mast <input type="checkbox"/> <input type="checkbox"/> Seats	B1 B2 <input type="checkbox"/> <input type="checkbox"/> Sound equipment (e.g., horn, whistle) <input type="checkbox"/> <input type="checkbox"/> Visual distress signals	B1 B2 <input type="checkbox"/> <input type="checkbox"/> Outboard navigation aids <input type="checkbox"/> <input type="checkbox"/> Electrical system <input type="checkbox"/> <input type="checkbox"/> Engine <input type="checkbox"/> <input type="checkbox"/> Fuel system <input type="checkbox"/> <input type="checkbox"/> Shift	B1 B2 <input type="checkbox"/> <input type="checkbox"/> Steering <input type="checkbox"/> <input type="checkbox"/> Throttle <input type="checkbox"/> <input type="checkbox"/> Ventilation <input type="checkbox"/> <input type="checkbox"/> Radio <input type="checkbox"/> <input type="checkbox"/> Onboard lights
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Type of Accident

Number by order of occurrence

B1 B2 <input type="checkbox"/> <input type="checkbox"/> Grounding <input type="checkbox"/> <input type="checkbox"/> Capsizing <input type="checkbox"/> <input type="checkbox"/> Flooding/swamping <input type="checkbox"/> <input type="checkbox"/> Sinking <input type="checkbox"/> <input type="checkbox"/> Fire/explosion – fuel <input type="checkbox"/> <input type="checkbox"/> Fire/explosion – non-fuel <input type="checkbox"/> <input type="checkbox"/> Mishap of skier, tuber, wake boarder, etc. <input type="checkbox"/> <input type="checkbox"/> Collision with recreation boat <input type="checkbox"/> <input type="checkbox"/> Collision with commercial boat	B1 B2 <input type="checkbox"/> <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> <input type="checkbox"/> Collision with floating object <input type="checkbox"/> <input type="checkbox"/> Person fell overboard <input type="checkbox"/> <input type="checkbox"/> Person fell on/within boat <input type="checkbox"/> <input type="checkbox"/> Person struck by boat <input type="checkbox"/> <input type="checkbox"/> Person struck by propulsion unit <input type="checkbox"/> <input type="checkbox"/> Collision with submerged object <input type="checkbox"/> <input type="checkbox"/> Starting engine	B1 B2 <input type="checkbox"/> <input type="checkbox"/> Carbon monoxide exposure <input type="checkbox"/> <input type="checkbox"/> Person electrocuted <input type="checkbox"/> <input type="checkbox"/> Fall on boat <input type="checkbox"/> <input type="checkbox"/> Person ejected from boat <input type="checkbox"/> <input type="checkbox"/> Sudden medical condition <input type="checkbox"/> <input type="checkbox"/> Person left boat voluntarily <input type="checkbox"/> <input type="checkbox"/> Other (describe): B1: <input type="text"/> B2: <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> Unknown
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Accident Details – External Conditions

Weather (check all applicable): <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Hazy <input type="checkbox"/> Other (describe): <input type="text"/>	Time of day: <input type="checkbox"/> Day <input type="checkbox"/> Night	Visibility: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Wind: <input type="checkbox"/> 0 mph (none) <input type="checkbox"/> Over 0, up to 12 mph (light) <input type="checkbox"/> Over 12, up to 25 mph (moderate) <input type="checkbox"/> Over 25, up to 55 mph (strong) <input type="checkbox"/> Over 55 mph (strong)
	Approximate air temperature: <input type="text"/> °F Approximate water temperature: <input type="text"/> °F		

Water Conditions

Overall water conditions (select one):

Up to 6 inch waves (calm)
 Over 6 inch, up to 2 foot waves (choppy)
 Over 2 foot, up to 6 foot waves (rough)
 Over 6 foot waves (very rough)

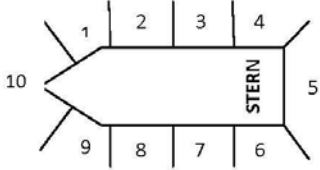
Other water conditions:

Strong current? Yes No
 Hazardous waters? Yes No
 Congested waters? Yes No

RECREATIONAL BOAT ACCIDENT REPORT

BOAT #1		
Owner Information		
Last name: <input style="width: 200px;" type="text"/> First: <input style="width: 150px;" type="text"/> MI: <input style="width: 30px;" type="text"/>		
Street: <input style="width: 400px;" type="text"/> City: <input style="width: 150px;" type="text"/>		
State: <input style="width: 40px;" type="text"/> Zip: <input style="width: 80px;" type="text"/> Phone number: <input style="width: 150px;" type="text"/>		
Boat Information		
Registration number: <input style="width: 250px;" type="text"/> State (where registered): <input style="width: 50px;" type="text"/>		
Hull number (HIN): <input style="width: 250px;" type="text"/> Boat name: <input style="width: 150px;" type="text"/>		
Manufacturer: <input style="width: 200px;" type="text"/> Model: <input style="width: 100px;" type="text"/> Year: <input style="width: 50px;" type="text"/>		
Length: <input style="width: 50px;" type="text"/> ft. <input style="width: 50px;" type="text"/> In. Rented: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Boat (select one): <input type="checkbox"/> Cabin motorboat <input type="checkbox"/> Open motorboat <input type="checkbox"/> Auxiliary sail <input type="checkbox"/> Pontoon boat <input type="checkbox"/> Inflatable <input type="checkbox"/> House boat <input type="checkbox"/> Sail (only)	<input type="checkbox"/> Kayak <input type="checkbox"/> Canoe <input type="checkbox"/> Rowboat <input type="checkbox"/> Airboat <input type="checkbox"/> Jet Boat <input type="checkbox"/> Personal watercraft (PWC) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): <input style="width: 150px;" type="text"/>	Propulsion (select all that apply): <input type="checkbox"/> Propeller <input type="checkbox"/> Water jet <input type="checkbox"/> Air thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input style="width: 150px;" type="text"/>
Hull Material		
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Aluminum <input type="checkbox"/> Rubber/vinyl/canvas <input type="checkbox"/> Kevlar <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other (Specify): <input style="width: 150px;" type="text"/>		
Engine Number of engines: <input style="width: 50px;" type="text"/> Manufacturer: <input style="width: 100px;" type="text"/> Total horsepower: <input style="width: 80px;" type="text"/>	Engine type (select one): <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Stern drive (I/O) <input type="checkbox"/> None	Fuel type (select all that apply): <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric
Safety Measures		
Instructions in boat safety (select one): <input type="checkbox"/> None <input type="checkbox"/> US Power Squadron <input type="checkbox"/> State course <input type="checkbox"/> Internet Course <input style="width: 50px;" type="text"/> <input type="checkbox"/> Unknown <input type="checkbox"/> US Coast Guard Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (describe): <input style="width: 100px;" type="text"/>		
Received PWC rental education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of lifejackets on board: <input style="width: 50px;" type="text"/> Number of lifejackets used: <input style="width: 50px;" type="text"/>	Number of fire extinguishers on board: <input style="width: 50px;" type="text"/> Number of fire extinguishers used: <input style="width: 50px;" type="text"/> Type of fire extinguishers (e.g., B-I, B-II): <input style="width: 80px;" type="text"/>	
Damage to the boat		
Briefly summarize any damage to the boat: <input style="width: 100%; height: 30px;" type="text"/>		
Estimated amount of damage to the boat: <input style="width: 150px;" type="text"/> Was the boat a total loss? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Company: <input style="width: 250px;" type="text"/>		
Briefly summarize any damage to other property (not the boat) (e.g., fishing gear): <input style="width: 100%; height: 30px;" type="text"/>		
Estimated amount of damage to other property: <input style="width: 150px;" type="text"/>		

RECREATIONAL BOAT ACCIDENT REPORT

BOAT #1 continued															
<p>Point of impact (indicate all that apply): <input style="width: 80px;" type="text"/></p> <div style="display: flex; align-items: center;">  <div style="font-size: small;"> <p>11 – Below water line 12 – Lower Unit 13 – Windshield 14 – Burned 15 – Sunk 16 – Injuries – No Damage</p> </div> </div>	<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: OAR – Operator, stand, remains aboard 2SF – Passenger #2, seated, fall overboard <input style="width: 100%;" type="text"/></p>														
<p>Operator/Passenger Activities Operator/Passenger activities on the boat at time of accident:</p>															
<p>Activities were (select one): <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial</p> <p>Number of people on board: <input style="width: 60px;" type="text"/></p> <p>Number of people being towed: <input style="width: 60px;" type="text"/></p>	<p>Activity at Time of Accident:</p> <table style="width:100%; font-size: small;"> <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 style="width: 80px;" 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 style="width: 80px;" type="text"/>	<input type="checkbox"/> Relaxing
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<input type="checkbox"/> Other (list): <input style="width: 80px;" type="text"/>	<input type="checkbox"/> Relaxing														
<p>Operation at Time of Accident:</p> <table style="width:100%; font-size: small;"> <tr> <td><input type="checkbox"/> Cruising</td> <td><input type="checkbox"/> Towing another Vessel</td> <td><input type="checkbox"/> Launching</td> <td rowspan="4"><input type="checkbox"/> Other (list): <input style="width: 100%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Changing direction</td> <td><input type="checkbox"/> Being towed</td> <td><input type="checkbox"/> Docking/undocking</td> </tr> <tr> <td><input type="checkbox"/> Changing speed</td> <td><input type="checkbox"/> Rowing/paddling</td> <td><input type="checkbox"/> At anchor</td> </tr> <tr> <td><input type="checkbox"/> Drifting</td> <td><input type="checkbox"/> Sailing</td> <td><input type="checkbox"/> Tied to dock/mooring</td> </tr> </table>		<input type="checkbox"/> Cruising	<input type="checkbox"/> Towing another Vessel	<input type="checkbox"/> Launching	<input type="checkbox"/> Other (list): <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Changing direction	<input type="checkbox"/> Being towed	<input type="checkbox"/> Docking/undocking	<input type="checkbox"/> Changing speed	<input type="checkbox"/> Rowing/paddling	<input type="checkbox"/> At anchor	<input type="checkbox"/> Drifting	<input type="checkbox"/> Sailing	<input type="checkbox"/> Tied to dock/mooring	
<input type="checkbox"/> Cruising	<input type="checkbox"/> Towing another Vessel	<input type="checkbox"/> Launching	<input type="checkbox"/> Other (list): <input style="width: 100%;" type="text"/>												
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<input type="checkbox"/> Changing speed	<input type="checkbox"/> Rowing/paddling	<input type="checkbox"/> At anchor													
<input type="checkbox"/> Drifting	<input type="checkbox"/> Sailing	<input type="checkbox"/> Tied to dock/mooring													
<p>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</p>															
<p>Key People/Operator</p> <hr/> <p>Name/address boat operator <input type="checkbox"/> Same as the owner</p> <p>Last: <input style="width: 150px;" type="text"/> First: <input style="width: 150px;" type="text"/> MI: <input style="width: 30px;" type="text"/></p> <p>Street: <input style="width: 300px;" type="text"/> City: <input style="width: 100px;" type="text"/></p> <p>State: <input style="width: 40px;" type="text"/> Zip: <input style="width: 80px;" type="text"/> Phone: <input style="width: 150px;" type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female DOB: <input style="width: 80px;" type="text"/> DL#: <input style="width: 100px;" type="text"/> State: <input style="width: 40px;" type="text"/></p> <p>Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: <input style="width: 40px;" type="text"/> <input type="checkbox"/> Before <input type="checkbox"/> As a result of</p> <p>Was operator injured beyond first aid? <input type="checkbox"/> Yes <input type="checkbox"/> No Fatal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Operator report status (select one): <input type="checkbox"/> No operator <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> None</p> <p>Was a boating citation issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate violation and code section : <input style="width: 100%;" type="text"/></p> <p>Was alcohol involved? <input type="checkbox"/> Yes <input type="checkbox"/> No OUI arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No BAC level: <input style="width: 60px;" type="text"/></p> <p>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</p>															

RECREATIONAL BOAT ACCIDENT REPORT

BOAT #1 continued

Other key people #1

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 #2

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 #3

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

RECREATIONAL BOAT ACCIDENT REPORT

BOAT #1 continued

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

Injured person information

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

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)

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Back Injury | <input type="checkbox"/> Internal Injuries |
| <input type="checkbox"/> Broken Bone(s) | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Neck Injury |
| <input type="checkbox"/> Carbon Monoxide Poisoning | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Spinal Injury |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Sprain/strain |
| <input type="checkbox"/> Electrocutation | <input type="checkbox"/> Teeth |

Other (describe)

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

Secondary (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Back Injury | <input type="checkbox"/> Internal Injuries |
| <input type="checkbox"/> Broken Bone(s) | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Neck Injury |
| <input type="checkbox"/> Carbon Monoxide Poisoning | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Spinal Injury |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Sprain/strain |
| <input type="checkbox"/> Electrocutation | <input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> Worn | <input type="checkbox"/> Inflatable |
| <input type="checkbox"/> Inherently buoyant | <input type="checkbox"/> Not worn but used |
| <input type="checkbox"/> Prior to accident | <input type="checkbox"/> Not worn and not used |
| <input type="checkbox"/> As a result of accident | <input type="checkbox"/> 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):

RECREATIONAL BOAT ACCIDENT REPORT

BOAT #1 continued

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

Person submitting this report

Reporting officer/investigators information

Last: First: MI:

Agency:

Street: City:

State: Zip: Phone:

Email:

Signature: Date:

State Reporting Authority

Signature of reviewing official: Date:

Causes based on: This report Investigation Investigation and this report Could not be determined

Primary cause of accident:

State reporting authority: Date: