RECREATIONAL BOAT ACCIDENT REPORT – ADDITIONAL BOAT INVOLVED IN THE ACCIDENT

Owner Information

Last name: First: MI:

Street: City:

State: Zip: Phone number:

Boat Information

Registration number: State (where registered):

Manufacturer: Model: Year:

Boat name: Hull number (HIN):

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
- ☐ Personal watercraft (PWC)
- ☐ Other (describe):

Propulsion (select all that apply):

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

Hull Material

Type of hull material (select one):

- ☐ Fiberglass
- ☐ Aluminum
- ☐ Wood
- ☐ Steel
- ☐ Rubber/vinyl/canvas
- ☐ Plastic
- ☐ 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):

- ☐ State course
- ☐ US Coast Guard Auxiliary
- ☐ Informal

Received PWC rental education? ☐ Yes ☐ No

- ☐ US Power Squadron
- ☐ American Red Cross
- ☐ None/other (describe):

Number of lifejackets on board:

Number of lifejackets used:

Number of fire extinguishers on board:

Number of fire extinguishers used:

Damage to the boat

Briefly summarize any damage to the boat:

Approximate value of damage to the boat: Was the boat a total loss? ☐ Yes ☐ No

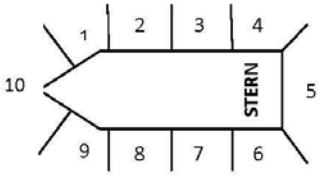
Insurance Company:

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

Approximate value of damage to other property:

BOAT # ____ **continued**

Point of impact (indicate all that apply): ____



11 – Below water line
12 – Lower Unit
13 – Windsheild
14 – Burned
15 – Sunk
16 – Injuries – No Damage

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

____

Operator/Passenger Activities

Operator/Passenger activities on the boat at time of accident:

Activities were (select one):
- ☐ Recreational
- ☐ Commercial

Number of people on board: ____

Number of people being towed: ____

Operator/Passenger activities (select all that apply):
- ☐ Fishing
- ☐ Hunting
- ☐ White water activity
- ☐ Tubing
- ☐ Water skiing
- ☐ Relaxing
- ☐ Starting engine
- ☐ Making repairs
- ☐ Other (list): ____

Boat Operations

The boat operations at time of accident (select all that apply):

- ☐ Cruising
- ☐ Changing direction
- ☐ Changing speed
- ☐ Sailing
- ☐ Drifting
- ☐ At anchor
- ☐ Being towed
- ☐ Towing another vessel
- ☐ Racing
- ☐ Rowing/paddling
- ☐ Launching
- ☐ Tied to dock/mooring
- ☐ Docking/undocking
- ☐ Other (list): ____

Key People/Operator

Name/address boat operator ☐ Same as the owner

Last: ____ First: ____ MI: ____

Street: ____ City: ____

State: ____ Zip: ____ Phone: ____

☐ Male ☐ Female DOB: ____ DL#: ____ State: ____

Was personal floatation device worn? ☐ Yes ☐ No If yes, what type: ____ ☐ Before ☐ As a result of

Was operator injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries: ____

____ Fatal? ☐ Yes ☐ No

Operator report status (select one):

☐ No operator ☐ Complete ☐ Incomplete ☐ None Was a boating citation issued? ☐ Yes ☐ No

Was alcohol involved? ☐ Yes ☐ No OUI arrest? ☐ Yes ☐ No BAC level: ____

Operators experience: ☐ 0 to 10 hours ☐ Over 10, up to 100 hours ☐ Over 100, up to 500 ☐ Over 500 hours

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 personal floatation device worn? ☐ Yes ☐ No If yes, what type: ____ ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries: ____

____ 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 personal floatation device worn? ☐ Yes ☐ No If yes, what type: ____ ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries: ____

____ 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 personal floatation device worn? ☐ Yes ☐ No If yes, what type: ____ ☐ Before ☐ As a result of

Was this person injured beyond first aid? ☐ Yes ☐ No If yes, describe injuries: ____

____ Fatal? ☐ Yes ☐ No

BOAT # ____ **continued**

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

Injured person information

Last: ____ First: ____ MI: ____

Street: ____ City: ____

State: ____ Zip: ____ Phone: ____

Age: ____ Was injured person wearing a lifejacket? ☐ Yes ☐ No If yes, what type: ____

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

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):

____

The injured person was (select one):

☐ Boat operator/owner ☐ Passenger on the boat

☐ Person being towed by the boat

Nature of the most serious injury (select one):

☐ Scrape ☐ Dislocation

☐ Cut ☐ Internal organ injury

☐ Sprain/strain ☐ Amputation

☐ Concussion/brain injury ☐ Burn

☐ Spinal cord injury ☐ Other (describe): ____

☐ Broken/fractured bone

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

____

Person who died or disappeared

Deceased persons information

Last: ____ First: ____ MI: ____

Street: ____ City: ____

State: ____ Zip: ____ Phone: ____

Age: ____ Was person wearing a lifejacket? ☐ Yes ☐ No

Injury caused when person (select all that apply):

☐ Struck the: ____ (e.g., boat, water)

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

☐ 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

Submit by Email | Print Form