RECREATIONAL BOAT ACCIDENT REPORT

BOAT #

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

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