

RECREATIONAL BOAT ACCIDENT REPORT  
ADDITIONAL FATALITY

AGENCY CASE #  BARD #

BOAT #

**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