

RECREATIONAL BOAT ACCIDENT REPORT  
 ADDITIONAL INJURY INVOLVED IN THE ACCIDENT

AGENCY CASE #

BARD #

**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:

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
<input type="checkbox"/> Other (describe) <input style="width: 100px;" type="text"/>	

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

**Secondary Injury (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
<input type="checkbox"/> Other (describe) <input style="width: 100px;" type="text"/>	

**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

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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):