

RECREATIONAL BOAT ACCIDENT REPORT  
ADDITIONAL PEOPLE INVOLVED IN THE ACCIDENT

AGENCY CASE #

BARD #

BOAT #

**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 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**

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**

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