



STATE OF CONNECTICUT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
BUREAU OF OUTDOOR RECREATION
BOATING DIVISION
P.O. BOX 280, 333 FERRY ROAD
OLD LYME, CT 06371-0280
W: 860-434-8638, F: 860-434-3501

PD Case No.

Department

REV 9/16

SUMMARY OF INVESTIGATION

DATE OF ACCIDENT		TIME		TOWN OF INCIDENT		BODY OF WATER								
COUNTY			STATE	EXACT LOCATION										
			CT											
NO. OF VESSELS	NO. OF DEATHS	NO. OF INJURIES	COORDINATES (Degrees, Minutes, Seconds)				COORDINATES (GPS Style: Degrees, Decimal Minutes)							
			°	'	" N	°	'	" W	°	'	" N	°	'	" W
ALCOHOL USE	USED BY		DRUG USE	USED BY		PRIMARY CAUSE OF ACCIDENT (from pg 3)				TOTAL DAMAGE				
										\$				
INVESTIGATOR NOTIFIED BY		NOTIFYING DEPARTMENT / AGENCY			NOTIFIED DATE	TIME	TIME ON SCENE	DAY OF WEEK						

ENFORCEMENT ACTION TAKEN (For multiple charges for an individual, list most serious charge first.)

STATUS	STATUTE #	OFFENSE	TYPE
NAME			
STATUS	STATUTE #	OFFENSE	TYPE
NAME			
STATUS	STATUTE #	OFFENSE	TYPE
NAME			

VESSELS INVOLVED IN ACCIDENT (To record more than two vessels use 'Additional Vessel' page.)

VESSEL #				VESSEL #			
OPERATOR INFORMATION				OPERATOR INFORMATION			
LAST NAME	FIRST NAME	IS OWNER?	LAST NAME	FIRST NAME	IS OWNER?		
ADDRESS (Street, Town, State, Zip Code)			ADDRESS (Street, Town, State, Zip Code)				
WORK ADDRESS			WORK ADDRESS				
PHONE NUMBER		WORK PHONE	PHONE NUMBER		WORK PHONE		
D.O.B.	AGE	SEX	SBC / CPWO #	D.O.B.	AGE	SEX	SBC / CPWO #
BOATING EXPERIENCE (THIS BOAT)		BOATING EXPERIENCE (OTHER BOATS)		BOATING EXPERIENCE (THIS BOAT)		BOATING EXPERIENCE (OTHER BOATS)	
BOATING EDUCATION		OTHER		BOATING EDUCATION		OTHER	
OTHER BOATING ACCIDENT(S)		DISABILITY	ON MEDICATION	OTHER BOATING ACCIDENT(S)		DISABILITY	ON MEDICATION
HAS BEEN DRINKING ALCOHOL		UNDER THE INFLUENCE	BLOOD ALCOHOL CONTENT	HAS BEEN DRINKING ALCOHOL		UNDER THE INFLUENCE	BLOOD ALCOHOL CONTENT
DRUG INDICATOR		DRUG TYPE		DRUG INDICATOR		DRUG TYPE	
WEARING PFD		USING SAFETY LANYARD		WEARING PFD		USING SAFETY LANYARD	

CASE STATUS	
INVESTIGATOR'S NAME	BADGE NO. DATE
INVESTIGATOR'S SIGNATURE	SUPERVISOR'S NAME BADGE NO. DATE
	SUPERVISOR'S SIGNATURE

VESSELS INVOLVED IN ACCIDENT (Continued...)

VESSEL #										VESSEL #									
OWNER INFORMATION										OWNER INFORMATION									
LAST NAME					FIRST NAME					LAST NAME					FIRST NAME				
ADDRESS (Street, Town, State, Zip Code)										ADDRESS (Street, Town, State, Zip Code)									
WORK ADDRESS										WORK ADDRESS									
PHONE NUMBER					WORK PHONE					PHONE NUMBER					WORK PHONE				
RELATIONSHIP TO OPERATOR					RENTED BOAT					RELATIONSHIP TO OPERATOR					RENTED BOAT				
IF YES, LIST RENTER										IF YES, LIST RENTER									
VESSEL INFORMATION										VESSEL INFORMATION									
REGISTRATION NO.			STATE		HULL IDENTIFICATION NO.					REGISTRATION NO.			STATE		HULL IDENTIFICATION NO.				
VESSEL MAKE			VESSEL MODEL			VESSEL NAME				VESSEL MAKE			VESSEL MODEL			VESSEL NAME			
VESSEL TYPE					OTHER					VESSEL TYPE					OTHER				
HULL MATERIAL					OTHER					HULL MATERIAL					OTHER				
YEAR VESSEL BUILT		LENGTH		BEAM (WIDTH)		DRAFT (DEPTH)		YEAR VESSEL BUILT		LENGTH		BEAM (WIDTH)		DRAFT (DEPTH)					
Ft.		In.		Ft.		In.		Ft.		In.		Ft.		In.					
NO. ENGINES		ENGINE DRIVE TYPE			FUEL		PROPULSION			NO. ENGINES		ENGINE DRIVE TYPE			FUEL		PROPULSION		
ENGINE MAKE			YEAR ENGINE BUILT		ENGINE H.P.		TOTAL H.P.			ENGINE MAKE			YEAR ENGINE BUILT		ENGINE H.P.		TOTAL H.P.		
					H.P.		H.P.								H.P.		H.P.		
CAPACITY PLATE		INFO: MAX PERSONS		MAX PERS LBS		MAX LBS		MAX H.P.		CAPACITY PLATE		INFO: MAX PERSONS		MAX PERS LBS		MAX LBS		MAX H.P.	
				Lbs.		Lbs.		H.P.						Lbs.		Lbs.		H.P.	
INSURANCE - SAFETY DEVICES										INSURANCE - SAFETY DEVICES									
PRESENT LOCATION OF VESSEL										PRESENT LOCATION OF VESSEL									
WHERE RECOVERED										WHERE RECOVERED									
INSURANCE COMPANY					POLICY NUMBER					INSURANCE COMPANY					POLICY NUMBER				
NO. LIFE JACKETS ON BOARD		USCG APPROVED		WERE THEY USED		WERE THEY ACCESSIBLE		NO. LIFE JACKETS ON BOARD		USCG APPROVED		WERE THEY USED		WERE THEY ACCESSIBLE					
VESSEL SAFETY CHECK WITHIN PAST YEAR					ORGANIZATION CONDUCTING V.S.C.					VESSEL SAFETY CHECK WITHIN PAST YEAR					ORGANIZATION CONDUCTING V.S.C.				
REQUIRED SAFETY EQUIPMENT ON BOARD?		NO. FIRE EXTINGUISHERS		NO. USED		TYPE		REQUIRED SAFETY EQUIPMENT ON BOARD?		NO. FIRE EXTINGUISHERS		NO. USED		TYPE					
PASSENGER INFORMATION										PASSENGER INFORMATION									
For additional passengers on this vessel, use the table on page 7.										For additional passengers on this vessel, use the table on page 7.									
LAST NAME					FIRST NAME					LAST NAME					FIRST NAME				
ADDRESS (Street, Town, State, Zip Code)					WEARING PFD					ADDRESS (Street, Town, State, Zip Code)					WEARING PFD				
PHONE NUMBER		WORK PHONE			D.O.B.			PHONE NUMBER		WORK PHONE			D.O.B.						
INVESTIGATOR'S SIGNATURE			BADGE NO.		DATE		SUPERVISOR'S SIGNATURE			BADGE NO.		DATE							

ACCIDENT DETAILS

ENVIRONMENTAL CONDITIONS

WEATHER	WATER CONDITIONS	STRONG CURRENT	CONGESTED WATERS	HAZARDOUS WATERS (e.g. Rapid Tidal Flows, Currents, etc.)	
WIND	VISIBILITY	TIME OF DAY	WEATHER ENCOUNTERED	AIR TEMPERATURE (EST) °F	WATER TEMPERATURE (EST) °F

TYPE OF ACCIDENT

NUMBER IN ORDER OF OCCURANCE (1,2,3)

<input type="checkbox"/> Sinking	<input type="checkbox"/> Skier/Tuber Mishap	<input type="checkbox"/> Fire / Explosion (Fuel)	<input type="checkbox"/> Person Struck by Boat	<input type="checkbox"/> Collision w/ Vessel
<input type="checkbox"/> Grounding	<input type="checkbox"/> Fall in/on Boat	<input type="checkbox"/> Fire / Explosion (Other)	<input type="checkbox"/> Struck by Propeller	<input type="checkbox"/> Collision w/ Fixed Object
<input type="checkbox"/> Capsizing	<input type="checkbox"/> Fall Overboard	<input type="checkbox"/> Electrocutation	<input type="checkbox"/> Person Leaves a Vessel	<input type="checkbox"/> Collision w/ Floating Object
<input type="checkbox"/> Flooding/Swamping	<input type="checkbox"/> Person Ejected From Vessel	<input type="checkbox"/> Carbon Monoxide Exposure	<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> Struck Submerged Object
<input type="checkbox"/> Sudden Medical Condition	<input type="checkbox"/> Other (specify) _____			

CAUSE(S) OF ACCIDENT - Investigator's Opinion

NUMBER IN ORDER OF PRIORITY (1,2,3)

<input type="checkbox"/> Alcohol Use	<input type="checkbox"/> Hazardous Waters	<input type="checkbox"/> Failure to Vent	<input type="checkbox"/> Operator Inattention	<input type="checkbox"/> Overloading
<input type="checkbox"/> Drug Use	<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> Improper Anchoring	<input type="checkbox"/> Operator Inexperience	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Dam / Lock	<input type="checkbox"/> Starting in Gear	<input type="checkbox"/> Inadeq. On-board Nav. Lights	<input type="checkbox"/> Improper Lookout	<input type="checkbox"/> Navigation Rule Violation
<input type="checkbox"/> Heavy Weather	<input type="checkbox"/> Language Barrier	<input type="checkbox"/> Missing/inadeq. Aids to Nav.	<input type="checkbox"/> Restricted Vision	<input type="checkbox"/> Standing / Sitting on Bow, Transom or Gunwale
<input type="checkbox"/> Hull Failure	<input type="checkbox"/> Sharp Turn	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> Ignition of Fuel or Vapor
<input type="checkbox"/> Force of Wake/Wave	<input type="checkbox"/> Machinery Failure (please specify below)	<input type="checkbox"/> Equipment Failure (please specify below)		

<input type="checkbox"/> Engine	<input type="checkbox"/> Steering	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Sound Producing Equipment	<input type="checkbox"/> Onboard Lights
<input type="checkbox"/> Electrical Equipment	<input type="checkbox"/> Throttle	<input type="checkbox"/> Sail/Mast	<input type="checkbox"/> Radio	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Fuel System	<input type="checkbox"/> Shift	<input type="checkbox"/> Seats	<input type="checkbox"/> Nav. Equipment (GPS, Radar)	<input type="checkbox"/> Auxiliary Equipment
<input type="checkbox"/> Visual Distress Signal	<input type="checkbox"/> Other _____			

VESSEL #	VESSEL #
VESSEL ACTIVITY AT TIME OF ACCIDENT	VESSEL ACTIVITY AT TIME OF ACCIDENT
CHECK ALL THAT APPLY	CHECK ALL THAT APPLY
<input type="checkbox"/> Fueling <input type="checkbox"/> Making Repairs <input type="checkbox"/> Whitewater Activity <input type="checkbox"/> Fishing <input type="checkbox"/> Starting Engine <input type="checkbox"/> Waterskiing / Tubing <input type="checkbox"/> Tournament <input type="checkbox"/> Relaxing <input type="checkbox"/> Swimming / Diving <input type="checkbox"/> Hunting <input type="checkbox"/> Commercial <input type="checkbox"/> Scuba Diving / Snorkeling <input type="checkbox"/> Racing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fueling <input type="checkbox"/> Making Repairs <input type="checkbox"/> Whitewater Activity <input type="checkbox"/> Fishing <input type="checkbox"/> Starting Engine <input type="checkbox"/> Waterskiing / Tubing <input type="checkbox"/> Tournament <input type="checkbox"/> Relaxing <input type="checkbox"/> Swimming / Diving <input type="checkbox"/> Hunting <input type="checkbox"/> Commercial <input type="checkbox"/> Scuba Diving / Snorkeling <input type="checkbox"/> Racing <input type="checkbox"/> Other: _____
VESSEL OPERATION AT TIME OF ACCIDENT	VESSEL OPERATION AT TIME OF ACCIDENT
CHECK ALL THAT APPLY	CHECK ALL THAT APPLY
<input type="checkbox"/> Cruising <input type="checkbox"/> Changing Direction <input type="checkbox"/> Towing another Vessel <input type="checkbox"/> Rowing / Paddling <input type="checkbox"/> Drifting <input type="checkbox"/> Being Towed <input type="checkbox"/> Sailing <input type="checkbox"/> At Anchor <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Docked / Moored <input type="checkbox"/> Launching <input type="checkbox"/> Commercial <input type="checkbox"/> Changing Speed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cruising <input type="checkbox"/> Changing Direction <input type="checkbox"/> Towing Another Vessel <input type="checkbox"/> Rowing / Paddling <input type="checkbox"/> Drifting <input type="checkbox"/> Being Towed <input type="checkbox"/> Sailing <input type="checkbox"/> At Anchor <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> Docked / Moored <input type="checkbox"/> Launching <input type="checkbox"/> Commercial <input type="checkbox"/> Changing Speed <input type="checkbox"/> Other: _____
VESSEL SPEED AT TIME OF ACCIDENT	VESSEL SPEED AT TIME OF ACCIDENT
ESTIMATED SPEED AT TIME OF ACCIDENT AND ATTITUDE AT TIME OF ACCIDENT / OR	ESTIMATED SPEED AT TIME OF ACCIDENT AND ATTITUDE AT TIME OF ACCIDENT / OR

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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INJURED - MISSING - DECEASED

TO RECORD ADDITIONAL VICTIMS USE THE 'ADDITIONAL INJURED - MISSING - DECEASED' PAGE.

VICTIM 1					VICTIM 2				
VICTIM'S LAST NAME		VICTIM'S FIRST NAME			VICTIM'S LAST NAME		VICTIM'S FIRST NAME		
ADDRESS (Street, Town, State, Zip Code)					ADDRESS (Street, Town, State, Zip Code)				
WORK ADDRESS					WORK ADDRESS				
PHONE NUMBER		WORK PHONE			PHONE NUMBER		WORK PHONE		
D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL	D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL
RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED			RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED		
NATURE OF PRIMARY INJURY		NATURE OF SECONDARY INJURY			NATURE OF PRIMARY INJURY		NATURE OF SECONDARY INJURY		
BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY			BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY		
CAUSE OF DEATH		OTHER			CAUSE OF DEATH		OTHER		
VICTIM TAKEN TO (e.g. Hospital Name)		BY (e.g. Name of Ambulance, Med Examiner, etc.)			VICTIM TAKEN TO (e.g. Hospital Name)		BY (e.g. Name of Ambulance, Med Examiner, etc.)		
PHYSICIAN		VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)			PHYSICIAN		VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)		
ALCOHOL / DRUG USE	UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY		ALCOHOL / DRUG USE	UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY	
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS	
VICTIM COMMENT / STATEMENT									

INVESTIGATOR'S SIGNATURE

BADGE NO.

DATE

SUPERVISOR'S SIGNATURE

BADGE NO.

DATE

DAMAGE CAUSED BY ACCIDENT

VESSEL #			VESSEL #		
<i>DAMAGE TO VESSEL</i>			<i>DAMAGE TO VESSEL</i>		
TOTAL DAMAGE AMOUNT	WAS VESSEL TOTAL LOSS?	PHOTOS TAKEN	TOTAL DAMAGE AMOUNT	WAS VESSEL TOTAL LOSS?	PHOTOS TAKEN
\$			\$		
EQUIPMENT DAMAGE	MACHINERY DAMAGE	HULL DAMAGE	EQUIPMENT DAMAGE	MACHINERY DAMAGE	HULL DAMAGE
\$	\$	\$	\$	\$	\$
DESCRIBE DAMAGE TO VESSEL			DESCRIBE DAMAGE TO VESSEL		

<i>DAMAGE TO OTHER PROPERTY (NON VESSEL)</i>			
DAMAGE AMOUNT	OWNER OF PROPERTY	ADDRESS	PHONE NUMBER
\$			
DESCRIPTION OF DAMAGE			
DAMAGE AMOUNT	OWNER OF PROPERTY	ADDRESS	PHONE NUMBER
\$			
DESCRIPTION OF DAMAGE			

WITNESSES

REFER TO REPORT NARRATIVE FOR STATEMENTS AND INFORMATION PROVIDED BY WITNESSES

<i>WITNESS 1</i>		<i>WITNESS 2</i>	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS (Street, Town, State, Zip Code)		ADDRESS (Street, Town, State, Zip Code)	
PHONE NUMBER	WORK PHONE	PHONE NUMBER	WORK PHONE
INVOLVMENT		INVOLVMENT	
<i>WITNESS 3</i>		<i>WITNESS 4</i>	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS (Street, Town, State, Zip Code)		ADDRESS (Street, Town, State, Zip Code)	
PHONE NUMBER	WORK PHONE	PHONE NUMBER	WORK PHONE
INVOLVMENT		INVOLVMENT	

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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DIAGRAM OF ACCIDENT

THIS PAGE WILL HAVE TO BE FILLED OUT BY HAND AFTER PRINTING THE DOCUMENT

Indicate the location of each person on board each vessel involved.

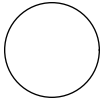
Vessel 1

Vessel 2

Vessel 3

Vessel 4

Diagram (For collisions show direction of travel for each vessel involved before, at and after impact.)



Indicate North
By Arrow

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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ACCIDENT NARRATIVE

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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ADDITIONAL PAGES

If your investigation requires any additional page(s), please select from the following and add to your report:

- Additional Narrative (2 extra pages)
- Additional Injury - Missing - Deceased (1 extra page)
- Additional Vessel (2 extra pages)

*Page numbers in this section are left blank.

*Any un-used pages should be discarded after printing.

Note: If your report still requires additional pages (i.e. a fourth narrative page) you will need to open a new, blank document and use the blank *additional pages* in that document. Remember to save this document as well. Print and add to your report.

ACCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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ACCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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ADDITIONAL INJURED - MISSING - DECEASED (Continued from page 4.)

VICTIM 3					VICTIM 4				
VICTIM LAST NAME		VICTIM FIRST NAME			VICTIM LAST NAME		VICTIM FIRST NAME		
ADDRESS (Street, Town, State, Zip Code)					ADDRESS (Street, Town, State, Zip Code)				
PHONE NUMBER		WORK PHONE			PHONE NUMBER		WORK PHONE		
D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL	D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL
RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED			RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED		
NATURE OF PRIMARY INJURY		NATURE OF SECONDARY INJURY			NATURE OF PRIMARY INJURY		NATURE OF SECONDARY INJURY		
BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY			BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY		
CAUSE OF DEATH		OTHER			CAUSE OF DEATH		OTHER		
VICTIM TAKEN TO (e.g. Hospital Name)		BY (e.g. Name of Ambulance, Med Examiner, etc.)			VICTIM TAKEN TO (e.g. Hospital Name)		BY (e.g. Name of Ambulance, Med Examiner, etc.)		
PHYSICIAN		VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)			PHYSICIAN		VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)		
ALCOHOL / DRUG USE		UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY	ALCOHOL / DRUG USE		UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS	
VICTIM 5					VICTIM 6				
VICTIM LAST NAME		VICTIM FIRST NAME			VICTIM LAST NAME		VICTIM FIRST NAME		
ADDRESS (Street, Town, State, Zip Code)					ADDRESS (Street, Town, State, Zip Code)				
HOME PHONE		WORK PHONE			HOME PHONE		WORK PHONE		
D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL	D.O.B.	AGE	SEX	STATUS	ONBOARD VESSEL
RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED			RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED		
NATURE OF PRIMARY INJURY		NATURE OF SECONDARY INJURY			NATURE OF PRIMARY INJURY		NATURE OF SECONDARY INJURY		
BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY			BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY		
CAUSE OF DEATH		OTHER			CAUSE OF DEATH		OTHER		
VICTIM TAKEN TO (e.g. Hospital Name)		BY (e.g. Name of Ambulance, Med Examiner, etc.)			VICTIM TAKEN TO (e.g. Hospital Name)		BY (e.g. Name of Ambulance, Med Examiner, etc.)		
PHYSICIAN		VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)			PHYSICIAN		VICTIM'S INVOLVMENT (e.g. Skier, Passenger, etc)		
ALCOHOL / DRUG USE		UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY	ALCOHOL / DRUG USE		UNDER THE INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS	
INVESTIGATOR'S SIGNATURE			BADGE NO.	DATE	SUPERVISOR'S SIGNATURE			BADGE NO.	DATE

ADDITIONAL VESSEL(S) (Continued from page 2)

VESSEL

OPERATOR INFORMATION

LAST NAME		FIRST NAME		ADDRESS (Street, Town, State, Zip Code)			IS OWNER?
WORK ADDRESS				PHONE NUMBER		WORK PHONE	
D.O.B.	AGE	SEX	SBC / CPWO #	BOATING EXPERIENCE (THIS BOAT)		BOATING EXPERIENCE (OTHER BOATS)	
BOATING EDUCATION			OTHER	OTHER BOATING ACCIDENT(S)		DISABILITY	ON MEDICATION
HAS BEEN DRINKING ALCOHOL		UNDER THE INFLUENCE	BLOOD ALCOHOL CONTENT (B.A.C.)	DRUG INDICATOR		DRUG TYPE	
WEARING PFD	USING SAFETY LANYARD						

OWNER INFORMATION

LAST NAME		FIRST NAME		ADDRESS (Street, Town, State, Zip Code)		
WORK ADDRESS				PHONE NUMBER		WORK PHONE
RELATIONSHIP TO OPERATOR		RENTED BOAT	IF YES, LIST RENTER			

VESSEL INFORMATION

REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.		VESSEL MAKE		VESSEL MODEL				
VESSEL NAME		VESSEL TYPE		OTHER		HULL MATERIAL		OTHER		
YEAR VESSEL BUILT	LENGTH	BEAM (WIDTH)		DRAFT (DEPTH)		CAPACITY PLATE	INFO: MAX PERSONS	MAX PERS LBS	MAX LBS	MAX H.P.
	Ft.	In.	Ft.	In.	Ft.	In.		Lbs.	Lbs.	H.P.
NO ENGINES	ENGINE TYPE	FUEL	PROPULSION	ENGINE MAKE		YEAR ENGINE BUILT	ENGINE H.P.	TOTAL H.P.		
							H.P.	H.P.		

INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL				WHERE RECOVERED			
INSURANCE COMPANY		POLICY NUMBER		NO. LIFE JACKETS ON BOARD	USCG APPROVED	WERE THEY USED	WERE THEY ACCESSIBLE
VESSEL SAFETY CHECK WITHIN PAST YEAR		ORGANIZATION CONDUCTING V.S.C.		REQUIRED SAFETY EQUIPMENT ON BOARD?	NO. FIRE EXTINGUISHERS	NO. USED TYPE	

VESSEL ACTIVITY AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

Fueling
 Making Repairs
 Tournament
 Hunting
 Whitewater Sports
 Racing
 Other: _____

Fishing
 Starting Engine
 Commercial
 Relaxing
 Scuba / Snorkeling
 Swimming / Diving
 Waterskiing / Tubing

VESSEL OPERATION AT TIME OF ACCIDENT

CHECK ALL THAT APPLY

Cruising
 Rowing / Paddling
 Drifting
 Changing Direction
 Towing
 Other: _____

Sailing
 Docked / Moored
 At Anchor
 Changing Speed
 Being Towed
 Commercial
 Launching

VESSEL SPEED AT TIME OF ACCIDENT

ESTIMATED SPEED AT TIME OF ACCIDENT	AND ATTITUDE AT TIME OF ACCIDENT	TOTAL DAMAGE AMOUNT		MACHINERY DAMAGE	HULL DAMAGE
	/ OR	\$	\$	\$	
List any passengers on this vessel on page 7.		EQUIPMENT DAMAGE	VESSEL TOTAL LOSS?	PHOTOS TAKEN	
		\$			
DESCRIBE DAMAGE TO VESSEL					

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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ADDITIONAL VESSEL(S) (Continued from page 2.)

VESSEL

OPERATOR INFORMATION										
LAST NAME			FIRST NAME			ADDRESS (Street, Town, State, Zip Code)				IS OWNER?
WORK ADDRESS					PHONE NUMBER			WORK PHONE		
D.O.B.	AGE	SEX	SBC / CPWO #			BOATING EXPERIENCE (THIS BOAT)			BOATING EXPERIENCE (OTHER BOATS)	
BOATING EDUCATION			OTHER			OTHER BOATING ACCIDENT(S)		DISABILITY	ON MEDICATION	
HAS BEEN DRINKING ALCOHOL		UNDER THE INFLUENCE		BLOOD ALCOHOL CONTENT		DRUG INDICATOR		DRUG TYPE		
WEARING PFD		USING SAFETY LANYARD								

OWNER INFORMATION									
LAST NAME			FIRST NAME			ADDRESS (Street, Town, State, Zip Code)			
WORK ADDRESS					PHONE NUMBER			WORK PHONE	
RELATIONSHIP TO OPERATOR			RENTED BOAT		IF YES, LIST RENTER				

VESSEL INFORMATION											
REGISTRATION NO.		STATE	HULL IDENTIFICATION NO.			VESSEL MAKE			VESSEL MODEL		
VESSEL NAME		VESSEL TYPE			OTHER			HULL MATERIAL		OTHER	
YEAR VESSEL BUILT	LENGTH		BEAM (WIDTH)		DRAFT (DEPTH)		CAPACITY PLATE	INFO: MAX PERSONS	MAX PERS LBS	MAX LBS	MAX H.P.
	Ft.	In.	Ft.	In.	Ft.	In.			Lbs.	Lbs.	H.P.
NO ENGINES	ENGINE TYPE		FUEL	PROPULSION		ENGINE MAKE		YEAR ENGINE BUILT	ENGINE H.P.	TOTAL H.P.	
									H.P.	H.P.	

INSURANCE - SAFETY DEVICES										
PRESENT LOCATION OF VESSEL					WHERE RECOVERED					
INSURANCE COMPANY			POLICY NUMBER			NO. LIFE JACKETS ON BOARD	USCG APPROVED	WERE THEY USED	WERE THEY ACCESSIBLE	
VESSEL SAFETY CHECK WITHIN PAST YEAR		ORGANIZATION CONDUCTING V.S.C.			REQUIRED SAFETY EQUIPMENT ON BOARD?		NO. FIRE EXTINGUISHERS		NO. USED TYPE	

VESSEL ACTIVITY AT TIME OF ACCIDENT													
CHECK ALL THAT APPLY													
<input type="checkbox"/>	Fueling	<input type="checkbox"/>	Making Repairs	<input type="checkbox"/>	Tournament	<input type="checkbox"/>	Hunting	<input type="checkbox"/>	Whitewater Activity	<input type="checkbox"/>	Racing	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Starting Engine	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Relaxing	<input type="checkbox"/>	Scuba / Snorkeling	<input type="checkbox"/>	Swimming / Diving	<input type="checkbox"/>	Waterskiing / Tubing

VESSEL OPERATION AT TIME OF ACCIDENT													
CHECK ALL THAT APPLY													
<input type="checkbox"/>	Cruising	<input type="checkbox"/>	Rowing / Paddling	<input type="checkbox"/>	Drifting	<input type="checkbox"/>	Changing Direction	<input type="checkbox"/>	Towing	<input type="checkbox"/>	Other: _____		
<input type="checkbox"/>	Sailing	<input type="checkbox"/>	Docked / Moored	<input type="checkbox"/>	At Anchor	<input type="checkbox"/>	Changing Speed	<input type="checkbox"/>	Being Towed	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Launching

VESSEL SPEED AT TIME OF ACCIDENT				DAMAGE TO VESSEL					
ESTIMATED SPEED AT TIME OF ACCIDENT		AND/ ATTITUDE AT TIME OF ACCIDENT		TOTAL DAMAGE AMOUNT		MACHINERY DAMAGE		HULL DAMAGE	
		OR		\$		\$		\$	
List any passengers on this vessel on page 7.				EQUIPMENT DAMAGE		VESSEL TOTAL LOSS?		PHOTOS TAKEN	
				\$					
				DESCRIBE DAMAGE TO VESSEL					

INVESTIGATOR'S SIGNATURE			BADGE NO.	DATE	SUPERVISOR'S SIGNATURE			BADGE NO.	DATE
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