



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

Short form may only be used if damage is less than \$2,000, there are no injuries, and no deaths as a result of the accident.

SUMMARY OF INVESTIGATION

DATE OF ACCIDENT	TIME	TOWN OF INCIDENT	BODY OF WATER	EXACT LOCATION
NO. OF VESSELS	TOTAL DAMAGE \$	COORDINATES (Degrees, Minutes, Seconds) ° ' " N ° ' " W		COORDINATES (GPS Style: Degrees, Decimal Minutes) ° . ' N ° . ' W
ALCOHOL USE	USED BY:	DRUG USE	USED BY:	
PRIMARY TYPE OF ACCIDENT	SECONDARY TYPE OF ACCIDENT	PRIMARY CAUSE OF ACCIDENT	SECONDARY CAUSE OF ACCIDENT	TERTIARY CAUSE OF ACCIDENT
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

VESSELS INVOLVED IN ACCIDENT

VESSEL # 1 OPERATOR INFORMATION				VESSEL # 2 OPERATOR INFORMATION			
LAST NAME	FIRST NAME	IS OWNER?		LAST NAME	FIRST NAME	IS OWNER?	
ADDRESS			PFD ON?	ADDRESS			PFD ON?
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	PAST ACCIDENT(S)	PHONE NUMBER		BOATING EDUCATION	PAST ACCIDENT(S)	PHONE NUMBER	

VESSEL # 1 OWNER INFORMATION			VESSEL # 2 OWNER INFORMATION		
LAST NAME	FIRST NAME	RENTED BOAT	LAST NAME	FIRST NAME	RENTED BOAT
ADDRESS (Street, City, State, Zip)			ADDRESS (Street, City, State, Zip)		
PHONE NUMBER	RELATIONSHIP TO OPERATOR		PHONE NUMBER	RELATIONSHIP TO OPERATOR	

VESSEL # 1 INFORMATION				VESSEL # 2 INFORMATION			
REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.		REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.	
VESSEL TYPE	VESSEL MAKE	VESSEL MODEL		VESSEL TYPE	VESSEL MAKE	VESSEL MODEL	
TYPE OF HULL MATERIAL	YEAR	LENGTH Ft. In.	DRAFT (DEPTH) Ft. In.	TYPE OF HULL MATERIAL	YEAR	LENGTH Ft. In.	DRAFT (DEPTH) Ft. In.
FUEL TYPE	ENGINE TYPE	PROPULSION	No. ENG Total Hp	FUEL TYPE	ENGINE TYPE	PROPULSION	No. ENG Total Hp
INSURANCE COMPANY	POLICY NUMBER			INSURANCE COMPANY	POLICY NUMBER		
DESCRIBE DAMAGE TO VESSEL (Include total amount for this vessel) <input type="checkbox"/> VESSEL WAS A LOSS				DESCRIBE DAMAGE TO VESSEL (Include total amount for this vessel) <input type="checkbox"/> VESSEL WAS A LOSS			

OTHER PROPERTY DAMAGE (Nature, extent and of damage to other property e.g. dock, seawall, etc.)	DAMAGE AMOUNT \$
NAME AND ADDRESS OF PROPERTY OWNER	

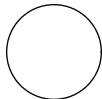
PASSENGERS

VESSEL #	LAST NAME	FIRST NAME	PFD?	D.O.B.	VESSEL #	LAST NAME	FIRST NAME	PFD?	D.O.B.

ACCIDENT NARRATIVE (Be sure to include operation and activity of each vessel at time of accident.)

DIAGRAM OF ACCIDENT

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



Indicate North By Arrow

ENFORCEMENT ACTION TAKEN

STATUS	STATUTE #	OFFENSE	TYPE
NAME			
STATUS	STATUTE #	OFFENSE	TYPE
NAME			
STATUS	STATUTE #	OFFENSE	TYPE
NAME			
INVESTIGATOR'S NAME	SUPERVISOR'S NAME		
INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE
			BADGE NO. DATE