

## **New Mexico Boating Accident Report**

Type:	☐ Recreational	☐ Injured > First Aid
.,,,	☐ Fatality ☐ Disappearance	<ul><li>☐ Alcohol involved</li><li>☐ None</li></ul>
	☐ > \$2000 damage	

Agency Case Number
Estimate of total damages

Total Vessels Involved Total Injured Total Fatalities												
		General and Geog			<del></del>							
Date of Accident Tin	ne of Acci			Arrived(mil)	No. of Vessels Involved							
Nearest City or Town		Name of Body of Water			County State							
Location on the Water			Neares	st River Mile/Buoy or Point M	Marker							
Latitude: Deg Min S	Sec		Longit	t <b>ude</b> Deg Min	Sec							
Accident Site  Lake/Reservoir Creek River Marina Below Dam Boat F Agency Lake None	a/Harbor	Restricted Area  No Wake Swimming Area Special Event (Permi Other Boats "Keep Out" None	tted)	Temperature Est  Water deg. F.  Air deg. F.  Strong Current  Yes No  Hazardous Waters? (e.g. rapid tidal flow, currents)  Yes No  Congested Waters?  Yes No	Strong Current  River Current  Dam Generated  None							
Weather  Clear Cloudy  Rain Hazy  Foggy Snow  Thunder storm Other(describe)	Light Fair Goo	r Dusk	☐ Mo	ght (0-6 mph) oderate (7-14 mph) rong (15-25 mph) orm (over 25 mph) one	Water Conditions  ☐ Calm (waves less than 6") ☐ Choppy (6" to 2') ☐ Rough (2' to 6') ☐ Very Rough (larger than 6') ☐ Strong / Swift Current ☐ White Water (River) ☐ None							
	Ac	cident Events and	Cont	ributing Factors								
Accident Type	- 110											
(You may enter a primary, secondary			-									
V1 V2 V3  Capsizing Collision with fixed object Collision with floating object or person Collision with vessel Fall in boat Falls overboard Fall on PWC Fire/Explosion (fuel)	w/recrea	Fire/Explosion (non-fuel) Flooding (swamping)	(person	Skier mishap/fall Starting engine Struck by boat n) Struck by ler or Propulsion unit Struck under Struck under Struck under Vessel wake	2 V3 Carbon Monoxide Poisoning Electrocution Fall on a Vessel Person Ejected from a Vessel Person leaves a Vessel Other Unknown Sudden Medical Condition							
Contributing Factors (In the I	nvestigat	or's opinion, what were	the Pri	mary, Secondary and Terti	iary Contributing Factors.)							
V1 V2 V3 Vessel/Injured  Alcohol use  Careless/Reckless  Dam or lock  Drug use  Equipment  failure(below)  Congested Waters	Gailure(bel	Ignition of fuel vapor Improper anchoring Improper loading Lack of proper lights Machinery Dw) No proper look-out	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	S Vessel/Injured  Standing/sitting on gunwhale, bow or transom  Sharp turn  Passenger or Skier  Navigation Rules  Restricted Vision	V1 V2 V3 Vessel/Injured  Starting in Gear  Start							

☐ ☐ ☐ Failure to vent ☐ ☐ ☐ Hazardous waters ☐ ☐ ☐ Hull failure	☐ ☐ ☐ Operator inexperience ☐ ☐ ☐ Overloading		□ □ □ Wea	throttle steering-je ather ke	et [	Other     Other     Indicate				
(Enter every system that failed for			Equipment F	Equipment Failure: (Indicate the equipment that failed.)						
V1 V2 V3 Vessel  Unknown Electrical system Engine failure Fuel system	V1 V2 V3 Vessel  Shift failure  Steering system  Throttle failure  Ventilation system  Starting eng. in	em	Con	nown iliary equipment nmunications extinguisher os de-masting t broke loose nd producing board Navigation	E F C C C C C C F Aids	V2 V3 Vessel				
	Vessel and	d On	erational Inf	ormation						
Type of Boat V1	V2 V3 Vessel		Engines	Propulsion		Safety Equipment				
V1 V2 V3 Vessel	☐ ☐ Pontoon Boat	Vess	el A	V1 V2 V3 Vess	<u>el</u>	V1 V2 V3 Vessel				
☐ ☐ Airboat ☐ ☐ Cabin Motorboat ☐ ☐ Canoe ☐ ☐ Kayak ☐ ☐ Houseboat ☐ ☐ Open Motorboat ☐ ☐ Personal watercraft	Mini Jet Boat   Rowboat (Jon)   Sail (Aux. power)   Sail (only)   Other   Unknown   None	Tota Vess Vess	el B el C I <b>I H. P.</b> el A el B el C	Air T	ual eller er Jet	Req. PFDs on board PFDs accessible PFIre ext. on board Nav. lights operational Nav. lights turned on Current Safety Exam Throw-able Device on-board				
Hull Material		Fuel		Engine		Vessel was-				
V1 V2 V3 Vessel  ☐ ☐ ☐ Aluminum ☐ ☐ ☐ Fiberglass ☐ ☐ ☐ Plastic (Royalex, Polyethylene) ☐ ☐ ☐ Rubber/Vinyl/Canvas	V1 V2 V3 Vessel           ☐ ☐ Rigid hull infl.           ☐ ☐ Steel           ☐ ☐ Wood           ☐ ☐ Kevlar           ☐ ☐ Other           ☐ ☐ None		2 V3 Vessel  Diesel Electric Gasoline None	V1 V2 V3 Vess ☐ ☐ ☐ Airbo ☐ ☐ ☐ Inbo ☐ ☐ ☐ Outb ☐ ☐ ☐ I/O ☐ ☐ ☐ None	oat ard oard	V1 V2 V3 Vessel  ☐ ☐ Rented ☐ ☐ Borrowed (not in household) ☐ ☐ ☐ None				
Operation at Time of Accide			•		•	to 3 for each vessel)				
V1 V2 V3 Vessel         ☐ ☐ Changing Direction         ☐ ☐ Tied to Dock/Moored         ☐ ☐ At Anchor         ☐ ☐ Being Towed         ☐ ☐ Towing a Boat         ☐ ☐ Changing Speed         ☐ ☐ Cruising)	V1 V2 V3 Vessel  Docking/Undocki Drifting Daunching/Loadi Rowing/Paddling Sailing Other	ng	☐ ☐ ☐ Fuelin	mercial purpose ng (recreational) ng ng ng ng repairs ng ming g ming g	diving/S	/3 Vessel/Injured    Scuba     Swimming/Snorkeling     Skiing (surfing, tubing etc.)     Starting engine     Whitewater     Tournament (fishing)     None     Relaxing     Other     Government     Non-Reportable     None				

			Vessel 1											
Reg. or Doc. #. * State * HIN No * Engine Serial Numbers(s)* Documented Name)*														
_														
Depth Transom to Keel *	Length *		idth at Widest		· I	Make *	Model *	Year *						
ft inches  No. of POB	ft in No. Injured	ches ft  No. Fatalities	inche	s of Skie	ore To	wod	☐ Hit and Rur							
NO. OF POB	No. Injured	No. Fatalities	S NO	OI SKIE	ers 10	wea	☐ HIT and Ruf	1						
Est. damage this boat \$	Est. damage this boat \$ Describe Vessel Damaged *  Estimated Speed: Not Moving Under 10 mph 10-20 mph 21-40 mph 41-60 mph 61-80 mph Over 80 mph None													
Estimated Speed: Not M	oving 🔲 Under 10 m	ph 🔲 10-20 mpł	h 🗌 21-40 m	oh 🗌	41-60 ı	mph 🗌 61-	80 mph 🔲 Over	80 mph 🔲 None						
Federal Definition of Vessel	: Recreational	☐ Commer	cial G	overnme	ent	None								
		USCG STA	ANDARD EI	EME	NTS									
Was Vessel A Total Loss *	Yes 🗌 No <b>Operat</b>	tor Deceased *	]Yes □ No	☐ Ur	nknowr	Nessel Saf	ety Check (VSC) Nu	ımber *						
		Operato	or Report Stati	ıs *										
Boating Citations Issued *	]Yes ☐ No	□ No	o Operator	☐ Co	mplete	e 🗌 Inco	mplete	one						
	USCG ST	ΓANDARD EL	EMENTS	SAFE	ETY N	/IEASURE	S							
Organizations that have corequipment, e.g., lifejackets,			on board your	boat w	ithin t	he past year	(including carria	nge of safety						
		TV DN-		<b>-</b>		(NI====)								
<ul><li>U.S. Coast Guard Auxillary</li><li>U.S Power Squadrons: VS</li></ul>		☑ Yes  ☐ No ☑ Yes  ☐ No			-	ncy (Name).  (Name).								
· ·	c Decai:	_ 163 140												
# of Other Boats Involved.   Other Agency (Name).														
# of Life Jackets on Board. # of Fire Extinguishers on Board. Type of Fire Extinguisher (e.g., ABC):														
	# of Fire Ex	ktinguishers Used			Amour	nt of Fire Exti	nguisher Used:							
Damage To Your Oth	er Property (No	t Boat)												
Approximate Value of Dama	age to Your Other Pro	operty \$												
Briefly summarize any dam	age to your other pro	pperty (not boat):	<u>.</u>											
	age to your outer pro	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•											
		ACCIDEN	IT DESCRI	PTOR	S *									
☐ Boat Found Capsized	Collisio	n with Commercia	al Vessel		☐ Vio	ctim Entangle	ed in Lines							
☐ Boat Found Upright Drifting	ng 🗍 Parasai	iling Accident			□ Vio	ctim is Struck	by Boom							
	_	ay Boat				ırbon Monoxi		□ None *						
	□ Rullaw	ау воаг			⊔ Ca	II DOIT WIGHTOXI	ue	□ None						
Operator Information														
Driver's Lic #	ST Exp.	date	Ht.	Wt.		Eye	Restr .Y / N	Age						
Last Name		First			M	.I. DO	B (mm/dd/yyyy)							
Street		City			St	ate	Zip							
Home Ph.			Operator Live	d at Va	الموء	wner's Resid	ence. * Yes	C No						
			BUI Info		3331 0	THICK S INCOIN								
Operator Experience	Operator Ed	lucation	BAC		Stat	us of Op.	Other C	perator Info						
Under 10 hours		Red Cross	Refused			ninjured	Gender ☐ Male	e						
☐ 10-100 hours	Aux.	None	☐ Been drin	king	□ In	•	Fem							
Over 100 hours		Other (info)	☐ BUI arres	t		lissing	☐ PFD used							
None	☐ State☐ Internet☐	Under some	☐ Drugs ☐ None		☐ Fa	atality	Person can s							
	Course	Unknown	I NOILE				Person was	•						
	1		l				Lanyard use	J						

No. of Other Boating Citations						A Life Jon Boar Operator Alcohol  Drugs ?	acket? rd, Pric or Usin ? er Repo	Yes Yes Yes Orts Consult	No No	No as			
Owner/Passenger Informa	ation	First Listed is	Also Owner										
Psgr. #		<b>,</b>				DOB	M/F	Ejected?	PFD	Swim			
1 Last	First		MI	Phon	ie								
Str.1	Str 2	C	City ST	ZIP									
2 Last	First		MI	Phon	ie								
Str.1	Str.2	C	City ST	ZIP									
3 Last	First		MI	Phon	ie								
Str.1	Str.2	C	City ST	ZIP									
4 Last	First		MI	Phon	ie								
Str.1	Str.2	C	City ST	ZIP									
			Vessel 2	2									
Reg. or Doc. #. * Sta	ate * H	IN No * En	gine Serial N		s)* Doo	cumented N	ame)*						
Doc # Engine Make		III III	iginic ocitat iv	iuiiibei 3(3	3, 200	Juliicited 14	airie,						
Doc # Engine make													
Depth Transom to Keel *	Length *	Vessel	Width at Wid	est Point	* Make *	Mode	al *		Yea	ır *			
· ·	•						-			-			
ft     inches     ft     inches     ft     inches       No. of POB     No. Injured     No. Fatalities     No. of Skiers Towed     ☐ Hit and Run													
No. of POB No. Injured No. Fatalities No. of Skiers Towed Hit and Run													
Est. damage this boat \$	Describe Ves	sel Damaged *											
*													
Estimated Speed: Not Mo	ving  Under	10 mph 🔲 10-20 m	ph 21-40	mph 🗌	41-60 mph	61-80 mph	☐ Ov	er 80 mph	☐ No	one			
Federal Definition of Vessel:	☐ Recreat	ional Comm	ercial	Governm	ent None								
		LICCC CI			NITC								
		0206.2	TANDARD	ELEIVIE	N15								
Was Vessel A Total Loss *	Yes No o	perator Deceased *	☐ Yes ☐ 1	No 🗌 Uı	nknown Vessel	Safety Check	(VSC)	Number *					
		Opera	tor Report St	tatus *									
Boating Citations Issued *	Yes 🗌 No		No Operator	☐ Co	omplete 🔲 I	ncomplete		None					
	USC	STANDARD E	LEMENTS	SAFI	ETY MEASU	RES							
Organizations that have cond	ducted a vessel	safety check (VSC	) on board yo	our boat v	vithin the past y	ear (includi	ng car	riage of sa	afety				
equipment, e.g., lifejackets, a						`	Ū	J	•				
□ u.c.o	VC0 B 10 ±	□ V □ N			ol A more (A1-	.\							
U.S. Coast Guard Auxillary:		☐ Yes ☐ No			al Agency (Name	;).							
U.S Power Squadrons: VSC	Decal? *	Agency (Name).											
# of Other Boats Involved.				Other	Agency (Name).								
					_			_,					
# of Life Jackets on Board.	# of Fi	re Extinguishers on I	Board.		Type of Fire Ext	inguisher (e.	g., AB	C):					
	# of Fi	re Extinguishers Use	ed.		Amount of Fire I	Extinguisher	Used:						
Damage To Your Othe	er Property	(Not Boat)											
Approximate Value of Damag	ge to Your Othe	r Property \$											
	_												
Briefly summarize any dama	ge to your othe	r property (not boa	t):										
		ACCIDE	NT DESC	RIPTOR	<u></u>								

☐ Boat Found Capsized		☐ Col	llision with Comm	nerci	al Vessel			☐ Vic	tim Entangle	ed in Line:	s			
☐ Boat Found Upright Drifting	na	∏ Par	rasailing Accident					☐ Victim is Struck by Boom						
	9		· ·							•	-			
Boat Struck by Lightning		∐ Ru	naway Boat					∐ Caı	rbon Monoxi	ae		Ц г	None '	•
Operator Information	T_=	1.				<u> </u>								
Driver's Lic #	ST	E	Exp. date First		Ht.		Wt.	М.	Eye	Restr .		Age		
Last Name Street			City									'yy) Zip		
Home Ph.			City					010	ale			F-3		
					Operator Liv	/ed	l at Ve	ssel Ov	vner's Resid	ence. *	Ye	es No	)	
					BUI In	fo					Other	Operato	r Info	
Operator Experience	О	perato	Education		BAC			Statu	us of Op.					
☐ Under 10 hours	□ usc	G	☐ Red Cross		☐ Refused	i		☐ Ur	ninjured	Gender	□ м	ale		
☐ 10-100 hours	Aux.		☐ None		☐ Been dr	ink	ing	☐ Inj	-		☐ Fe	emale		
Over 100 hours	☐ USP	Squad	☐ Other (info)		☐ BUI arre	est		☐ Mi	ssing	☐ PFD	used)			
□ None	☐ State	•			☐ Drugs			☐ Fa	atality	☐ Pers	son car	n swim		
	│	net	Unknown		☐ None					☐ Pers	son wa	s ejected		
	Course									☐ Lan	yard us	ed		
N COULD II O'C II					-									
No. of Other Boating Citations	3									On Boar		r To Accido	ent, Wa	ıs
										Operate	, wou	U Voc		
										A Life J		162	-	No
										On Boar		r To Accido a:	ent, Wa	ıs
										Орогия				
										Alcohol	?	Yes	No	
										Drugs? Yes No				
												rts Consult		or To
										Acciden	it?	Yes	No	
Owner/Passenger Inform	ation		First Listed	is A	Iso Owner	_			ı		1	1		ı
Psgr. #							1	1		DOB	M/F	Ejected?	PFD	Swim
1 Last		First		Cit	MI v ST		Phon	е						
Str.1		Str 2		Cit	,		ZIP							
2 Last		First _ Str.2		Cit	MI v ST		Phon	e						
Str.1 3 Last		First		Cit	y SI MI		Phon							
Str.1		Str.2		Cit			ZIP							
4 Last		First			MI		Phon	е						
Str.1		Str.2		Cit	y ST		ZIP							
		•												
					Vessel 3									
Reg. or Doc. #. * S	tate *	HII	N No *	Eng	ine Serial Νι	ıml	bers(s	s)*	Docun	nented N	ame)*			
Doc # Engine Make	е													
Depth Transom to Keel *	Length				idth at Wide			· N	/lake *	Mode	el *		Yea	ır *
ft inches  No. of POB	No. In		inches No. Fatal	ft				ers Tov	wod	П Ц:4	and D			
NO. OF POB	No. In	jurea	NO. Fata	iities	s N	0.	OI SKI	ers rov	vea	☐ Hit	and K	un		
Est. damage this boat \$	Descr	ibe Ves	sel Damaged *											
*	2000.													
Estimated Speed: Not Me	oving 🗌	Under 1	0 mph 🔲 10-20	) mp	h 🗌 21-40 r	npl	h 🔲	41-60 n	nph 🗌 61-	-80 mph	Ove	er 80 mph	☐ No	one
Federal Definition of Vessel	: 🔲	Recreati	onal 🗌 Com	nmei	rcial 🔲 (	Gον	vernm	ent	☐ None					
			USCG	ST	ANDARD I	EI	EMF	NTS						
Was Vessel A Total Loss *	1 Vec	No o-							Vessel Saf	aty Charle	(VSC)	Number *		
was vessel A Total LUSS	, i US	, NO OP	ciator Deceased	L	_ 103 [] N	J	ᆸ	IN IOWIT	vessei säi	CLY CHECK	(430)	ituiiiDCl		
Operator Report Status *														
Boating Citations Issued *	] Yes [	No No	[	N	o Operator		☐ Co	mplete	☐ Inco	mplete		None		

	USCG S	STANDARD	EL	EMENTS		SAFE	TY MEASURE	ES				
Organizations that have con equipment, e.g., lifejackets,	nducted a vessel sa anchor and line, fi	afety check (Vi re extinguishe	SC) ( rs):	on board yo	our l	ooat wit	thin the past yea	ar (includi	ing car	riage of sa	afety	
☐ U.S. Coast Guard Auxillary ☐ U.S Power Squadrons: VS		☐ Yes ☐ N				State Ag	Agency (Name).					
# of Other Boats Involved.						Other A	gency (Name).					
# of Life Jackets on Board.		Extinguishers o					ype of Fire Exting	•	-	C):		
Damage To Your Oth	er Property (N	ot Boat)										
Approximate Value of Dama												
Briefly summarize any dam	age to your other p	roperty (not b	oat):	:								
		ACCII	DEN	IT DESC	RIP	TORS	; *					
☐ Boat Found Capsized	☐ Collis	sion with Comm	erci	al Vessel			Victim Entang	led in Line	s			
☐ Boat Found Upright Drifti	ng 🗌 Paras	sailing Accident					☐ Victim is Struc	k by Boon	n			
☐ Boat Struck by Lightning	Runa	way Boat					Carbon Monox	ride		_ r	None '	r
Operator Information												
Driver's Lic #	ST Ex	p. date		Ht.		Wt.	Eye	Restr	.Y / N	Age		
Last Name		First					M.I. DO	OB (mm/d	d/yyyy)			
Street		City		T			State		Zip			
Home Ph.				Operator I	ived	at Vass	sel Owner's Resi	dence *		es No		
				BUII		141 7000	oci Owner o recon			Operato		
Operator Experience	Operator E	Education		BAC			Status of Op.					
Under 10 hours	A	Red Cross		Refuse			Uninjured	Gender		ale emale		
10-100 hours	L	☐ None		☐ Been o		ا ا	☐ Injured		ы г D used	emale		
☐ Over 100 hours☐ None	☐ State	☐ Other (info)		☐ Drugs			<ul><li>☐ Missing</li><li>☐ Fatality</li></ul>	☐ Per		n swim		
- None		Unknown		☐ None						s ejected		
	Course							☐ Lan	yard us	sed		
No. of Other Boating Citations	5							On Boa	rd, Pric	or To Accid	ent, Wa	as
								Operat		ring:		
								A Life J	acket?	Yes		No
								On Boa		or To Accid	ent, Wa	IS
								-				
								Alcoho	-	Yes	No	
								Drugs 1	, 🔲	Yes	No	
								Weath	er Repo	rts Consul		or To
								Accide	nt?	Yes	No	
Owner/Passenger Inform	nation	First Listed	is A	lso Owner				1	ı	1		
Psgr. #			1			I		DOB	M/F	Ejected?	PFD	Swim
1 Last	First Str 2		Cit	MI v ST		Phone ZIP		-				
Str.1 2 Last	First		Oil	y SI MI		Phone						
Str.1	Str.2		Cit			ZIP						
3 Last	First			MI		Phone						
Str.1	Str.2		Cit	ST ZIP  MI Phone							-	
4 Last Str.1	Str.2		Cit			ZIP		1				
	<u> </u>											

			lr	njury Infor	mation								
Vessel				Treatment ☐ Treated ☐ Admitted to hospital ☐ Refused treatment									
				☐ None									
Status  Injured  Fata	lity 🗌 Missing (bo	ody not four	nd)	Hospital Nai	me:								
Victim Information   Ope	erator 🗌 Swimm	ier 🗌 Or	n shore/do	ock 🗌 Passe	enger   Skier	[	☐ Male ☐ Fer	nale					
Last Name		F	First		M	.1.	DOB (mm/dd/yy	/y)	Age:				
Street				City		Sta	te	Zip					
Home Ph.	W	/ork Ph.					Location of In	njury					
Injury Caused by: *	Injury Classif	ication	PFD										
☐ Struck the (e.g., boat,	Pri. Sec.		□ Туре	1									
water)	☐ ☐ Amputat	ion	□ Туре	II									
☐ Was Struck by a: (e.g.,	☐ ☐ Back Inju		□ Туре	III									
boat, propeller)	☐ ☐ Broken b	•	□ Туре	IV			\						
Impact with boat	□ □ Burns		□ Туре	V		115	•	( )					
Impact with water	☐ ☐ Contusio	ons	☐ Inflata	able		\ <del>*</del>	1	<b>\</b>					
Impact with fixed object	☐ ☐ Dislocati		☐ USC	G Approved	,	1	1		እ				
☐ Impact with floating	☐ ☐ Head Inj		USCG A	pproval #	f	11	$\mathcal{H}$	RII	Я				
object	☐ ☐ Hypothe	,			1	11		IMP	1 )				
☐ Exposure to elements	☐ ☐ Internal	Injuries	☐ PFD			1/1	$\mathcal{M}$	A   I	IA .				
Received an Electric	☐ ☐ Laceration	on	Buoy		1 /	/N	/ <b> </b>	IIM	<i>4 /  </i>				
Shock	☐ ☐ Neck Inj	ury	_	orn but used	$\mathcal{A}$		114 2	1	14				
☐ Was exposed to carbon monoxide	☐ ☐ Shock		_	orn not used	$T_{IIJ}$	IY			Zuld 1				
poisoning	☐ ☐ Spinal Ir	ijury	☐ PFD result of a			\	) w	1 /	/ ~				
☐ Other	☐ ☐ Sprain/S			Worn prior to		M	$\prec$						
Victim Activity	☐ ☐ Teeth/Ja	ıw	accident	rrom phon to		M	4	HH	(				
☐ Fishing						\ /\	}	\	1				
☐ Hunting						$\Pi$	_	HH					
☐ Scuba diving						11	/	nH					
☐ Snorkeling									i				
Swimming													
☐ Water skiing													
☐ Other													
None		1											
Victim Physical C	ondition	Fatal Sy	nopsis		Victim Cause	of Dea	th and Recove	y Info					
_	Under influence	Drug :			☐ Drowning		☐ Other						
☐ Normal ☐ III ☐	of alcohol/drugs	BAC :		_ Hypothermia Alcohol found									
	Other None	□ Арра	rent		☐ Trauma Lo	cation E	Body	Wat	ter Depth				

Vessel			Treatment	☐ Treated ☐ Admitted	d to hospital  Refused tr	eatment
Status  Injured  Fata	lity  Missing (bo	dy not found)	Hospital Na	me:		
Victim Information  Ope			ock 🗌 Pass		☐ Male ☐ Female	
Last Name		First		M.I.	DOB (mm/dd/yyyy)	Age:
Street			City	Si	tate Zi	р
Home Ph.	W	ork Ph.			Location of Injury	
Injury Caused by: *	Injury Classific	cation PFD				
Struck the (e.g., boat, water)  Was Struck by a: (e.g., boat, propeller)  Impact with boat   Impact with fixed object   Impact with floating object   Exposure to elements   Received an Electric Shock   Was exposed to carbon monoxide poisoning   Other  Victim Activity   Fishing   Hunting   Scuba diving   Snorkeling   Swimming   Water skiing   Other   None	Pri. Sec.  Amputation Back Inju Broken b Burns Contusion Head Inju Hypother Internal In Shock Spinal Inj Sprain/St	on   Type   Type   Type   Type   Type   Type   Type   Type   Inflations   USCG Aprimia   PFD   Buoy   Iry   Not Workstain   PFD   Iresult of strain   PFD	II III IV V able G Approved oproval # Worn ant forn but used forn not used Worn as			
Victim Physical C	ondition	Fatal Synopsis		Victim Cause of De	eath and Recovery Info	
	Under influence	Drug :		☐ Drowning	☐ Other	
☐ Normal ☐ III	of alcohol/drugs	BAC :		☐ Hypothermia	Alcohol found	
	Other None	☐ Apparent			Body	Water Depth

	Diagram of Accident																						
	-					-					-												
wa dia	s only	☐ E On t	Below he ve	Wate ssel o	rline, config	L [] Juratio	ower	Unit, dicate	the I	Winds ocation	shield on of p	l, 🔲	Sunk,	or $\Gamma$	∏Inju	ired n	o Dai	mage	. Indi	cate '	Vesse	el A, E	cate if 3, or C ger (u
									S	ynop	sis o	of Ac	cide	nt									
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Non-Vessel Property Damage															
Was there of	damage to property exclu	ding the	vessels an	d their	contents?	□ Y	′es □ N	lo	Е	stimated Amou	nt \$				
	roperty Damage														
Non Vesse	I Property Owner Inform	nation													
Last Name				F	irst				M.I.	Ph. #					
Street				City				Stat	е		Zip				
					Violatio	ns									
Vessel Pric	ority Vessel#	Stand	d On	V	essel #		Sive Way		Hit and Ru	ın Vessel #					
Vessel #	Violator's Name (Just check box if operator	·)	Statute or Regulatio		iolation			Nan	nmon ne of the ation	Status	Citation Case #				
	☐ Operator	,							itation	☐ No Action					
	☐ Operator							_	/arning itation	☐ Pending ☐ No Action					
								□ v	/arning	☐ Pending					
	Operator								itation /arning	☐ No Action ☐ Pending					
	☐ Operator							ПС	itation	☐ No Action					
	☐ Operator							+	/arning itation	☐ Pending ☐ No Action					
									/arning	☐ Pending					
	Operator							_	/arning	☐ No Action ☐ Pending					
	☐ Operator								itation /arning	☐ No Action ☐ Pending					
			Of	fficer	Complet	ting	Report		<u> </u>	1 — 3					
Officer Sign	nature		Supervi		-		•	I	ı	nvestigation S	tatus				
omicor org.	indiai o		- Cupoi II	.00. 0.	gilataio			Ιп	Complete	_	Pending				
Print Officer	Name, Badge #, and Ra	idio #							Not Requ		Preliminary				
Last			First				M.I.			Causes Based	None				
Badge #			Radio #				IVI.I.	$\dashv$ $\Box$	Operator						
Address 1								ᅴᆷ							
Address 2									_	Report(s) and I	nvestigation				
									Reviewer	Interpretation					
									None						
			1						Other						
City	Zana Manara at 18 Print		State					Zip	)	Ph #					
	visor Name and Radio #		E:rot				NA 1		ndia #						
Last	ve Time (Include total ho	nure for	First	arch &	rescue and	linver	M.I.	Ka	idio #						
Officer Hours			gator Hours		n. Hours		al Hours	Da	te Investi	gation Comple	ted)				
									ame of Rev	viewing State F	Reporting				
								Da	ate Revie	wed					

Do Not Complete Below This Line – State Boating Safety Reviewing Authority Only									
Date Report Received		Reviewed by:		ID#					
Federal Accident Classification (For Statistical Use)									
☐ Recreational		☐ Commercial		Government		☐ Non-Reportable ☐ None			
USCG Standard Elements									
Number of Persons Deceased				Number Injured Beyond First Aid		Alcohol Involved  Yes  No			
Offshore Category		Number of Miles		Meets 33 CFR 173 & 174:*					
☐ AT: Atlantic Ocean		Off-Shore		☐ Yes ☐ No					
☐ GM: Gulf of Mexico				☐ Meets State Statute					
☐ PC: Pacific Ocean									
☐ None									
Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed by:	ID Badge #		
Notes:									

Additional Witnesses						
Name (Last, First, MI)	Address (Street, City, State, ZIP)	Phone #'s Home/Bus				