

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
RECREATIONAL BOATING ACCIDENT REPORT

OMB Control Number: 1625-0003

Expires: 07/31/2022

INSTRUCTIONS: Use "Report required because" section below to determine if a report is required for your accident. If required, please have each vessel owner or operator involved in the accident submit a report to their state reporting authority. Each boat operator/owner involved in an accident should submit a separate report. For each question below, please provide answers if applicable and if known; otherwise leave blank.

Privacy Act Notice

Authority: 46 U.S.C. 6102 and 33 CFR 173 & 174 authorize the collection of information on boating accidents.

Purpose: The Coast Guard uses this information for statistical purposes, chiefly to inform the public, to measure the Program's efforts, and to regulate issues relating to boating safety.

Routine Uses: The Coast Guard shares this information within the agency, and if state and federal law permit it, to the public.

REPORT SUBMISSION

Report required because (*select all that apply*):

At least one person in this accident *died*: If so, how many? _____

At least one injured person in this accident *required or was in need of treatment beyond first aid*: If so, how many? _____

At least one person in this accident *disappeared* and has not yet been recovered: If so, how many? _____

All boat and other property *damage* (e.g., *fishing/hunting gear*) caused by this accident *totaled* (or *likely totaled*) \$2,000 or more:

Approximate value of damage to *your* boat: \$ _____

Approximate value of damage to *your* other property: \$ _____

Your or another *boat* in this accident was (or *likely was*) a *total loss*

Report submitted by (*select all that apply*):

Boat Operator (*required if possible*)

Boat Owner (*if operator unable, or same as operator*)

Other (*describe*): _____

To be submitted within:

48 hours (*if injury, disappearance or death*)

10 days (*if boat/property damage only*)

To be submitted to: (*Local State Reporting Authority*)

Phone:

You may submit any comments concerning the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-BSX-21), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503. Questions relating to the collection of this data should be sent to the Coast Guard.

For State Agency Use Only

First Name

Last Name

Phone:

First Name

Last Name

Phone

Primary Cause of Accident

ACCIDENT SUMMARY

WHEN

Date: _____ Time: _____ am _____ pm
(mm/dd/yyyy) (select one)

WHERE

Body of Water Name

Location (*on water*) description

Nearest city/town

County:

State:

YOUR BOAT – PEOPLE

people on board (*including operator*):

people being towed (e.g., on tubes, skis):

people wearing lifejackets (*on board or towed*):

OTHER BOATS INVOLVED IN ACCIDENT

of other boats involved:

ACCIDENT DESCRIPTION: Briefly describe this accident
(attach extra pages if necessary)

DAMAGE TO YOUR BOAT: Briefly summarize any damage to your boat

DAMAGE TO YOUR OTHER PROPERTY: (NOT BOAT)
Briefly summarize any damage to your other property (*not boat*)

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT

BOAT IDENTIFICATION

Your Boat Name:										Manufacturer:									
Model Name:										Model Year:									
Registration #:										Documentation #:									
Hull Identification # (HIN)										Rented: Yes No									

SIZE ESTIMATES

Length:	ft.	Depth from transom (<i>stern</i>) to keel (<i>bottommost point</i>):	ft.	in.	Beam width at widest point:	ft.
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HULL MATERIAL

Type of Hull Material (select one)

Fiberglass	Wood	Rubber/vinyl/canvas	Other (<i>describe</i>):
Aluminum	Steel	Plastic	

BOAT TYPE

Boat Type (select one)

Available Propulsion (select all that apply)

Cabin motorboat	Inflatable boat	Personal watercraft (PWC) (e.g., Wave Runner™, Jet Ski™, Sea-Doo™)	Paddlecraft:	Propeller	Air thrust
Open motorboat	Houseboat		Canoe	Sail	Other (<i>describe</i>):
			Kayak		
Auxiliary sail	Sail (<i>only</i>)	Air boat	Standup Paddleboard	Manual	
Pontoon boat	Rowboat	Other (<i>describe</i>)		Water jet	

ENGINE

# Engines	Engine type and horsepower (select one)					Fuel type (select all that apply)				
Manufacturer	Outboard	Sterndrive	Inboard	Pod drive		Gas	Electric			
Total horsepower:	hp	No engine	Other:			Diesel	Other:			

SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (*including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers*):

US Coast Guard Auxiliary:	VSC Decal?	Yes	No	Federal Agency (Name)	
US Power Squadrons:	VSC Decal?	Yes	No	State Agency (Name)	
				Other Agency (Name)	
# Life jackets on board:		# Fire extinguishers on board:		Type of fire extinguishers (e.g., ABC):	
		# Fire extinguishers used:			

ACCIDENT DETAILS – EXTERNAL CONDITIONS

WEATHER

Overall weather was (select one)				It was (select one)		Visibility was (select one)		Wind was (select one)			
Clear	Raining	Day	Good	0 mph (<i>none</i>)							
Cloudy	Snowing	Night	Fair	Over 0, up to 12 mph (<i>light</i>)							
Foggy	Hazy		Poor	Over 12, up to 25 mph (<i>moderate</i>)							
Other (<i>describe</i>):		Approximate air temperature:		°F		Over 25, up to 55 mph (<i>strong</i>)					
						Over 55 mph (<i>stormy</i>)					

WATER

Overall water conditions (select one):				Other water conditions:					
Up to 6 in. waves (<i>calm</i>)				Approximate water temperature:				°F	
Over 6 in., up to 2 ft. waves (<i>choppy</i>)				Strong current?				Yes	No
Over 2 ft., up to 6 ft. waves (<i>rough</i>)				Hazardous waters? (e.g., rapid tidal flow, currents)				Yes	No
Over 6 ft. waves (<i>very rough</i>)				Congested waters?				Yes	No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS – ACTIVITIES AND OPERATIONS ON YOUR BOAT

OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident:

Activities were (select one)

Operator/Passenger activities (select all that apply)

<input type="checkbox"/> Recreational	<input type="checkbox"/> Fishing	<input type="checkbox"/> Tubing	<input type="checkbox"/> Starting engine
<input type="checkbox"/> Commercial	<input type="checkbox"/> Hunting	<input type="checkbox"/> Water Skiing	<input type="checkbox"/> Making repairs
	<input type="checkbox"/> White water activity (e.g., rafting)	<input type="checkbox"/> Relaxing	<input type="checkbox"/> Other (list):

BOAT OPERATIONS

Your boat operations at time of accident (select all that apply)

<input type="checkbox"/> Cruising (underway under power)	<input type="checkbox"/> Drifting	<input type="checkbox"/> Racing	<input type="checkbox"/> Towing another vessel
<input type="checkbox"/> Changing direction	<input type="checkbox"/> At anchor	<input type="checkbox"/> Rowing/paddling	<input type="checkbox"/> Launching
<input type="checkbox"/> Changing speed	<input type="checkbox"/> Being towed	<input type="checkbox"/> Docking/undocking	<input type="checkbox"/> Tied to dock/mooring
<input type="checkbox"/> Sailing	<input type="checkbox"/> Other (list)		

ACCIDENT DETAILS – CONTRIBUTING FACTORS ON YOUR BOAT

CONTRIBUTING FACTORS

Indicate factors on *your* boat which may have contributed to this accident (select all that apply)

<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Improper lookout	<input type="checkbox"/> Dam/lock	<input type="checkbox"/> Starting in gear
<input type="checkbox"/> Drug use	<input type="checkbox"/> Operator inattention	<input type="checkbox"/> Force of wake/wave	<input type="checkbox"/> Sharp turn
<input type="checkbox"/> Excessive speed	<input type="checkbox"/> Operator inexperience	<input type="checkbox"/> Hazardous waters	<input type="checkbox"/> Restricted vision (e.g., fog)
<input type="checkbox"/> Improper anchoring	<input type="checkbox"/> Language barrier	<input type="checkbox"/> Heavy weather	<input type="checkbox"/> Mission/inadequate aids to navigation (e.g., buoy, daymarker)
<input type="checkbox"/> Improper loading	<input type="checkbox"/> Navigation rules violation	<input type="checkbox"/> Ignition of fuel or vapor	<input type="checkbox"/> Inadequate on-board navigation lights
<input type="checkbox"/> Overloading	<input type="checkbox"/> Failure to vent	<input type="checkbox"/> Hull failure	<input type="checkbox"/> People on gunwale, bow or transom
<input type="checkbox"/> Other (describe):			

ACCIDENT DETAILS – YOUR BOAT

MACHINERY/EQUIPMENT FAILURE

Failure of the following machinery/equipment on *your* boat contributed to this accident (select all that apply)

<input type="checkbox"/> Engine	<input type="checkbox"/> Onboard lights	<input type="checkbox"/> Shift	<input type="checkbox"/> Sound equipment (e.g., horn, whistle)
<input type="checkbox"/> Electrical system	<input type="checkbox"/> Seats	<input type="checkbox"/> Radio	<input type="checkbox"/> Auxiliary equipment
<input type="checkbox"/> Fuel system	<input type="checkbox"/> Steering	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Other (list):
<input type="checkbox"/> Sail/mast	<input type="checkbox"/> Throttle	<input type="checkbox"/> Ventilation	
<input type="checkbox"/> Onboard navigation aids (e.g., GPS)			

ACCIDENT DETAILS – EVENTS ON YOUR BOAT

ACCIDENT EVENTS

Types of events occurring to/on *your* boat during accident (select all that apply)

<input type="checkbox"/> Collision with recreational boat	<input type="checkbox"/> Flooding/swamping	<input type="checkbox"/> Person fell overboard
<input type="checkbox"/> Collision with commercial boat (e.g., tug, barge)	<input type="checkbox"/> Fire/explosion – fuel	<input type="checkbox"/> Person fell on/within boat
<input type="checkbox"/> Collision with fixed object (e.g., dock, bridge)	<input type="checkbox"/> Fire/explosion – non-fuel	<input type="checkbox"/> Sudden medical condition
<input type="checkbox"/> Collision with submerged object (e.g., stump, cable)	<input type="checkbox"/> Carbon monoxide exposure	<input type="checkbox"/> Person struck by boat
<input type="checkbox"/> Collision with floating object (e.g., log, buoy)	<input type="checkbox"/> Mishap of skier, tuber, wake boarder, etc.	<input type="checkbox"/> Person struck by propeller or propulsion unit
<input type="checkbox"/> Capsizing	<input type="checkbox"/> Person left boat voluntarily	<input type="checkbox"/> Person electrocuted
<input type="checkbox"/> Grounding	<input type="checkbox"/> Person ejected from boat (caused by collision or maneuver)	
<input type="checkbox"/> Sinking	<input type="checkbox"/> Other (describe)	

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS –YOUR BOAT- INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID

Report only injured people on, struck by, or being towed by *your boat*, receiving or in need of treatment beyond first aid. Do not report injured people on, struck by, or being towed by *another boat or no boat* (e.g., swimmers, people on a dock). If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

INJURED PERSON

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

INJURY DETAILS

Injury caused when person (select all that apply)	Nature of most serious injury (select one)
Struck the (e.g., boat, water):	Scrape/bruise
Was struck by a (e.g., boat, propeller):	Cut
Was exposed to carbon monoxide poisoning	Sprain/strain
Received an electric shock	Concussion/brain injury
Other (describe):	Spinal cord injury
Person was wearing lifejacket?	Broken/fractured bone
Person received treatment beyond first aid?	Body part of most serious injury (e.g., head, trunk, leg):
Person was admitted to a hospital?	

ACCIDENT DETAILS – YOUR BOAT – DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people on, struck by, or being towed by *your boat*.
If more than one death/disappearance to report, attach additional copies of this page.
If none, SKIP DEATHS/DISAPPEARANCES section.

PERSON WHO DIED/DISAPPEARED

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person (select all that apply)	Nature of death/disappearance (select one)
Struck the (e.g., boat, water):	Death – by drowning
Was struck by a (e.g., boat, propeller):	Death – other likely cause (describe)
Was exposed to carbon monoxide poisoning	
Received an electric shock	Disappeared and not yet recovered
Other (describe):	Person was wearing lifejacket?
	Yes
	No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS – YOUR BOAT OPERATOR

OPERATOR INSTRUCTION		OPERATOR SAFETY MEASURES				
Boating safety instruction completed <i>(select all that apply)</i>		On board, prior to accident, was operator wearing:				
<input type="checkbox"/>	None	A lifejacket?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	State course	An engine cut-off switch <i>(Lanyard or wireless device)</i> if equipped?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	USCG Auxiliary course	On board, prior to accident, was operator using:	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	US Power Squadrons course					
<input type="checkbox"/>	Internet <i>(name of sponsoring organization)</i>	Alcohol?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Other <i>(describe)</i>	Drugs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		Operator arrested for Boating Under the Influence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		Weather reports consulted prior to accident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

OPERATOR EXPERIENCE

Experience operating this type of boat *(select one)*

<input type="checkbox"/>	0 to 10 hours	<input type="checkbox"/>	Over 10, up to 100 hours	<input type="checkbox"/>	Over 100, up to 500 hours	<input type="checkbox"/>	Over 500 hours
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ACCIDENT DETAILS – OTHER KEY PEOPLE

Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat.
If more than two other key people to report, attach additional copies of this page.

NAME/ADDRESS

This other key person was a(n) *(select all that apply)*

☐ Other boat operator ☐ Other boat owner ☐ Owner of other damaged property ☐ Passenger on your boat ☐ Witness

First Name	MI	Last Name	
Street			
City	State	Zip	Phone
Other boat name <i>(if any)</i>		Other boat registration # <i>(if any)</i>	

NAME/ADDRESS

This other key person was a(n) *(select all that apply)*

☐ Other boat operator ☐ Other boat owner ☐ Owner of other damaged property ☐ Passenger on your boat ☐ Witness

First Name	MI	Last Name	
Street			
City	State	Zip	Phone
Other boat name <i>(if any)</i>		Other boat registration # <i>(if any)</i>	

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT OPERATOR

NAME/ADDRESS

First Name	MI	Last Name
Street		
City	State	Zip

AGE/GENDER/PHONE

Date of Birth (mm/dd/yyyy)	Age	Gender	Male	Female	Phone
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YOUR BOAT OWNER

If same as *your boat operator* SKIP rest of YOUR BOAT OWNER section.

NAME/ADDRESS/PHONE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

PERSON SUBMITTING THIS REPORT

If same as *your boat operator* OR *owner*, SKIP rest of PERSON SUBMITTING THIS REPORT section.

NAME/ADDRESS/PHONE/ROLE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

I was a(n) (select one)

<input type="checkbox"/>	Other person on board <i>this</i> boat
<input type="checkbox"/>	Accident witness <i>not</i> on board <i>this</i> boat
<input type="checkbox"/>	Other (<i>describe</i>):

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature	Date (mm/dd/yyyy)
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An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number.

The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-BSX-21), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.