

STATE ASSIGNED CASE NO. \_\_\_\_\_

THE OPERATOR/OWNER OF A VESSEL USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER AN ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$2000 OR COMPLETE LOSS OF THE VESSEL. REPORTS IN DEATH AND INJURY CASES MUST BE SUBMITTED WITHIN 48 HOURS. REPORTS IN OTHER CASES MUST BE SUBMITTED WITHIN 10 DAYS. REPORTS MUST BE SUBMITTED TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED. THIS FORM IS PROVIDED TO ASSIST THE OPERATOR IN FILING THE REQUIRED WRITTEN REPORT.

**COMPLETE ALL BLOCKS** (INDICATE THOSE NOT APPLICABLE BY "NA")

**ACCIDENT DATA**

DATE OF ACCIDENT	TIME	AM PM	NAME OF BODY OF WATER	LOCATION (GIVE LOCATION PRECISELY)		
NUMBER OF VESSELS INVOLVED	NEAREST CITY OR TOWN		COUNTY	STATE	ZIP CODE	
WEATHER (CHECK ALL APPLICABLE) [ ] CLEAR [ ] RAIN [ ] CLOUDY [ ] SNOW [ ] FOG [ ] HAZY	WATER CONDITIONS [ ] CALM (WAVES LESS THAN 6") [ ] CHOPPY (WAVES 6" TO 2') [ ] ROUGH (WAVES 2' TO 6") [ ] VERY ROUGH (GREATER THAN 6") [ ] STRONG CURRENT		TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	WIND [ ] NONE [ ] LIGHT (0-6 MPH) [ ] MODERATE (7-14 MPH) [ ] STRONG (15-25 MPH) [ ] STORM (OVER 25 MPH)		VISIBILITY DAY NIGHT [ ] GOOD [ ] [ ] FAIR [ ] [ ] POOR [ ]
NAME OF OPERATOR			OPERATOR ADDRESS			
OPERATOR TELEPHONE NUMBER ( )	DATE OF BIRTH MO DAY YR		OPERATOR'S EXPERIENCE [ ] NONE [ ] UNDER 100 HOURS [ ] > 100 HOURS	INSTRUCTION IN BOATING SAFETY [ ] STATE COURSE [ ] U.S. POWER SQUADRON [ ] USCG AUXILIARY [ ] AMERICAN RED CROSS [ ] NONE		
[ ] MALE [ ] FEMALE						
NAME OF OWNER			OWNER ADDRESS			
OWNER TELEPHONE NUMBER ( )	NUMBER OF PEOPLE ON BOARD		NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? [ ] YES [ ] NO		

**BOAT NO. 1 (THIS VESSEL)**

BOAT REGISTRATION OR DOCUMENTATION NUMBER		STATE	HULL IDENTIFICATION NUMBER		BOAT NAME
BOAT MANUFACTURER		LENGTH	MODEL		YEAR BUILT
TYPE OF BOAT [ ] OPEN MOTORBOAT [ ] CABIN MOTORBOAT [ ] AUXILIARY SAIL [ ] SAIL (ONLY) [ ] ROWBOAT [ ] CANOE/KAYAK [ ] PERSONAL WATERCRAFT [ ] PONTOON BOAT [ ] HOUSEBOAT [ ] OTHER (SPECIFY)		HULL MATERIAL [ ] WOOD [ ] ALUMINUM [ ] STEEL [ ] FIBERGLASS [ ] RUBBER/VINYL/CANVAS [ ] RIGID HULL INFLATABLE [ ] OTHER (SPECIFY)		ENGINE [ ] OUTBOARD [ ] INBOARD [ ] INBOARD-STERNDRIVE (I/O) [ ] AIRBOAT	PROPULSION [ ] PROPELLER [ ] WATER JET [ ] AIR THRUST [ ] MANUAL [ ] SAIL
		FUEL [ ] GASOLINE [ ] DIESEL [ ] ELECTRIC		NUMBER OF ENGINES	PERSONAL FLOTATION DEVICES (PFDS): WAS BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PFDS? [ ] YES [ ] NO WERE PFDS ACCESSIBLE? [ ] YES [ ] NO
				TOTAL HORSEPOWER	FIRE EXTINGUISHERS ON BOARD? [ ] YES [ ] NO USED? [ ] YES [ ] NO
OPERATION AT TIME OF ACCIDENT (CHECK ALL APPLICABLE) [ ] CRUISING [ ] CHANGING DIRECTION [ ] CHANGING SPEED [ ] DRIFTING [ ] TOWING [ ] BEING TOWED [ ] ROWING/PADDLING [ ] SAILING [ ] LAUNCHING [ ] DOCKING/UNDocking [ ] AT ANCHOR [ ] TIED TO DOCK/MOORED [ ] OTHER (SPECIFY)		ACTIVITY AT TIME OF ACCIDENT (CHECK ANY IF APPLICABLE) [ ] FISHING [ ] TOURNAMENT [ ] HUNTING [ ] SWIMMING/DIVING [ ] MAKING REPAIRS [ ] WATERSKIING/TUBING/ETC. [ ] RACING [ ] WHITEWATER SPORTS [ ] FUELING [ ] STARTING ENGINE [ ] NON-RECREATIONAL [ ] OTHER (SPECIFY)		TYPE OF ACCIDENT [ ] GROUNDING [ ] CAPSIZING [ ] FLOODING/SWAMPING [ ] SINKING [ ] FIRE OR EXPLOSION (FUEL) [ ] FIRE OR EXPLOSION (OTHER) [ ] SKIER MISHAP [ ] COLLISION WITH VESSEL [ ] COLLISION WITH FIXED OBJECT [ ] COLLISION WITH FLOATING OBJ. [ ] FALLS OVERBOARD [ ] FALLS IN BOAT [ ] STRUCK BY BOAT [ ] STRUCK BY MOTOR/PROPELLER [ ] STRUCK SUBMERGED OBJECT [ ] OTHER (SPECIFY)	
ESTIMATED SPEED [ ] NONE [ ] UNDER 10 MPH [ ] 10 - 20 MPH [ ] 21 - 40 MPH [ ] OVER 40 MPH				[ ] HIT AND RUN	WHAT CONTRIBUTED TO ACCIDENT? (CHECK ALL APPLICABLE) [ ] WEATHER [ ] EXCESSIVE SPEED [ ] IMPROPER LOOKOUT [ ] RESTRICTED VISION [ ] OVERLOADING [ ] IMPROPER LOADING [ ] HAZARDOUS WATERS [ ] ALCOHOL USE [ ] DRUG USE [ ] HULL FAILURE [ ] MACHINERY FAILURE [ ] EQUIPMENT FAILURE [ ] OPERATOR INEXPERIENCE [ ] OPERATOR INATTENTION [ ] CONGESTED WATERS [ ] PASSENGER/SKIER BEHAVIOR [ ] DAM/LOCK [ ] OTHER (SPECIFY)

DECEASED (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
[ ] DISAPPEARANCE			
WAS PFD WORN? [ ] YES [ ] NO			
INJURED (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
[ ] DISAPPEARANCE			
WAS PFD WORN? [ ] YES [ ] NO			
WAS IT INFLATABLE? [ ] YES [ ] NO			
PRIOR TO ACCIDENT? [ ] YES [ ] NO AS A RESULT OF ACCIDENT? [ ] YES [ ] NO			
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
[ ] DISAPPEARANCE			
WAS PFD WORN? [ ] YES [ ] NO			
WAS IT INFLATABLE? [ ] YES [ ] NO			
PRIOR TO ACCIDENT? [ ] YES [ ] NO AS A RESULT OF ACCIDENT? [ ] YES [ ] NO			
OTHER PEOPLE ABOARD THIS BOAT (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)			
NAME		ADDRESS	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
NAME		ADDRESS	
DATE OF BIRTH		DEATH CAUSED BY	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> OTHER
[ ] DISAPPEARANCE			
WAS PFD WORN? [ ] YES [ ] NO			
WAS IT INFLATABLE? [ ] YES [ ] NO			
PRIOR TO ACCIDENT? [ ] YES [ ] NO AS A RESULT OF ACCIDENT? [ ] YES [ ] NO			
BOAT NO. 2 (IF MORE THAN 2 VESSELS, ATTACH ADDITIONAL IDENTIFYING INFORMATION)			
NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER ( )		BOAT REGISTRATION OR DOCUMENTATION NUMBER	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ( )		STATE	
PROPERTY DAMAGE			
ESTIMATED AMOUNT: THIS BOAT AND CONTENTS:		OTHER BOAT(S) AND CONTENTS:	
\$		\$	
DESCRIBE PROPERTY DAMAGED		OTHER PROPERTY: \$	
WITNESSES NOT ON THIS VESSEL			
NAME		ADDRESS	
NAME		ADDRESS	
TELEPHONE NUMBER ( )		TELEPHONE NUMBER ( )	
PERSON COMPLETING REPORT			
NAME		ADDRESS	
SIGNATURE		QUALIFICATION	
		[ ] OPERATOR [ ] OWNER [ ] INVESTIGATOR [ ] OTHER	
TELEPHONE NUMBER ( )		DATE SUBMITTED	
FOR AGENCY USE ONLY			
CAUSES BASED ON (CHECK ONE): [ ] THIS REPORT [ ] INVESTIGATION [ ] INVESTIGATION AND THIS REPORT [ ] OTHER			
NAME OF REVIEWING OFFICE		DATE RECEIVED	
PRIMARY CAUSE		SECONDARY CAUSE	
		RECREATIONAL [ ] NON-REPORTABLE [ ] COMMERCIAL [ ]	

**ACCIDENT DESCRIPTION**

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS. INCLUDE FAILURE OF EQUIPMENT. INCLUDE A DIAGRAM IF NEEDED. CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AN/OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF PFD'S.)

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 (G-OPB-1), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0010), Washington, DC 20503.