



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-5232 / Fax 207-287-9037

COMMERCIAL WHITEWATER ACCIDENT REPORT
Attention: Whitewater Boating Office

The operator of every vessel involved is required to file a report in writing whenever a boating accident results in loss of life, loss of consciousness, injuries requiring the services of a physician, disability in excess of 24 hours or property damage in excess of \$1000. Reports in death and injury cases must be submitted within 24 hours; reports in other cases are required within 5 days. All reports shall be submitted to the Department of Inland Fisheries and Wildlife, Whitewater Boating Office in Augusta, Maine. Owner or operator must also report accident to nearest law enforcement officer where accident occurred.

Complete this report and attach any additional documents (indicate those not applicable by "N/A")

Guide Name: _____ Date of birth: _____ Moses ID#: _____
 Guide Legal Address: _____
 Name & Address of Outfitter: _____

GUIDE AND WATERCRAFT INFORMATION

Number of Commercial Runs on This River: _____ Total Number of Commercial Runs on All Other Rivers: _____
Rented Watercraft: Yes: _____ No: _____ **Raft Propulsion:** Oar: _____ Paddle: _____ Number People Onboard: _____
(Including Guide)
Type of Watercraft: Raft: _____ Kayak(hard): _____ Kayak(inflatable): _____ Other: _____ Raft Display Number: _____
 Watercraft Make: _____ Watercraft Model: _____
 Name of Outfitter That Completed Whitewater Guide Training: _____

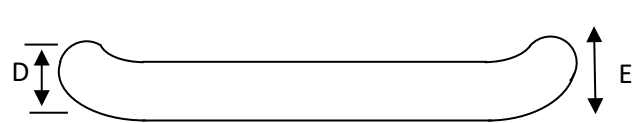
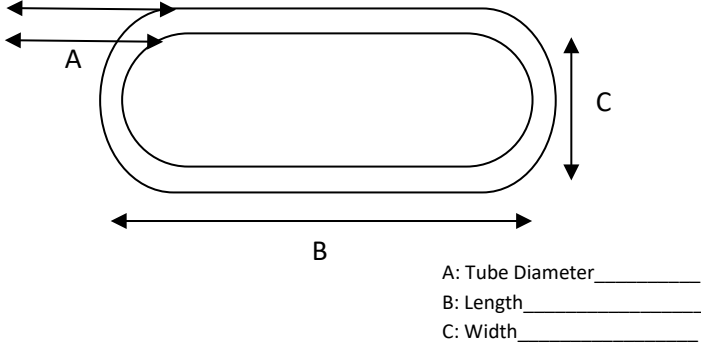
ACCIDENT DATA

Date of Accident: _____ Time of Accident: _____ AM _____ PM _____
 Body of Water: _____ Location of Rapid or River Section: _____
 Town/Township: _____ County: _____
Weather Condition(s): Clear: _____ Cloudy: _____ Fog: _____ Rain: _____ Snow: _____ Hazy: _____
Water Conditions: Calm: _____ Class I: _____ Class II: _____ Class III: _____ Class IV: _____ Class V: _____ CFS Level: _____
 Air Temperature: _____ Water Temperature: _____ **Visibility:** Good: _____ Fair: _____ Poor: _____
Wind: None: _____ Light (0-6mph): _____ Moderate (7-14mph): _____ Strong (15-25 mph): _____ Storm (over 25): _____
Weather Encountered: Same as Forecasted: _____ Not as Forecasted: _____ Had No Forecast: _____
Operation at Time of Accident: Paddling: _____ Drifting: _____ Rowing: _____ On Shore: _____ Other (specify): _____
Direct Cause of Injury to Passenger (check all that apply): Fall Overboard: _____ Capsize: _____ Fall in Boat: _____
 Collision with Passenger: _____ Collision with Paddle: _____ On Shore: _____ Entrapment: _____ Collision with Fixed Object: _____
 Weather Conditions: _____ Hazardous Waters: _____ Equipment Failure: _____ Pin: _____ No Injury: _____ Swimming: _____
 Other (specify): _____
Safety Equipment Used (check all that apply): Throw Bag(s): _____ Helmets: _____ Inside Lines: _____ Wet Suits: _____
 Outside Lines: _____ Other (specify): _____
Personal Flotation Device Worn: Yes: _____ No: _____ **Type V for Whitewater Rafting:** Yes: _____ No: _____
Make and Model of Flotation Device: _____



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Use Diagram to Map the Location of the People in The Watercraft: Place an "X" For the Victim, Place An "O" For Passengers and A "G" For Guide(s).



D. Bow Height _____

E. Stern Height _____

INJURED

Name: _____ Date of Birth: _____ Phone: _____

Address: _____

Type of Medical Treatment: On Site First Aid: _____ Ambulance Care: _____ Helicopter Evacuation: _____

Emergency Room Treatment and Released: _____ Emergency Room Treatment and Admitted: _____

Follow-Up Treatment by A Physician Recommended: _____

Name of Person(s) That Administered First Aid: 1. _____ 2. _____

Probable Injury: Fracture: _____ Puncture/Laceration: _____ Abrasion: _____ Bruise/Contusion: _____ Hypothermia: _____

Concussion: _____ Dislocation: _____ Strain/Sprain: _____ Other: _____

Injury Location: Thigh: _____ Knee: _____ Lower Leg: _____ Ankle: _____ Foot: _____ Hip: _____ Abdomen: _____ Chest: _____ Neck: _____

Shoulder: _____ Arm: _____ Wrist: _____ Hand: _____ Finger(s): _____ Head: _____ Face: _____ Eye: _____ Nose: _____ Mouth: _____

Teeth: _____ Other: _____ **Describe Injury:** _____

ACCIDENT DISCRIPTION

Guide Description of What Happened: _____



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WITNESS

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Name: _____ Date of Birth: _____
Address: _____ Phone: _____

DECEASED

Name: _____ Date of Birth: _____
Address: _____ Phone: _____

PERSON COMPLETING REPORT

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
Trip Leader: ____ Guide: ____ Owner: ____ Investigator: Other: ____ Date Submitted: _____
Signature: _____

OFFICIAL USE ONLY

Name of Reviewing Office: _____ Date Received: _____
Primary Cause of Accident: _____ Secondary: _____
If Fatal, Medical Examiner Official Cause: _____
Drowning: ____ Other: ____

Caused Based On:

This Report: ____ Investigation: ____ Investigation & This Report: ____ Could Not Be Determined: ____
Incident or Case Number: _____
Reviewed By: _____