

Recreational Boating Accident Report

NOTE: each boat operator/owner involved in an accident should submit a separate report.
Estimated report form completion time: 30 min
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

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):

First name: Last name:

Phone: - -

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 the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.

For State Agency Use Only

First name:

Last name:

Phone:

Primary cause of accident:

ACCIDENT SUMMARY

WHEN

Date: mm/dd/yy

Time: : am pm (select one)

WHERE

Body of water name:

Location (on water) description:

Nearest city/town:

County:

State:

ACCIDENT DESCRIPTION

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

DAMAGE TO YOUR BOAT

Briefly summarize any damage to *your* boat:

YOUR BOAT - PEOPLE

people *on board* (including operator):

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

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

DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)

Briefly summarize any damage to *your* other property (not boat):

OTHER BOATS INVOLVED IN ACCIDENT

of *other* boats involved?

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

YOUR BOAT

BOAT IDENTIFICATION

Your boat name:	<input type="text"/>	Manufacturer:	<input type="text"/>
Model name:	<input type="text"/>	Model year:	<input type="text"/>
Registration #:	<input type="text"/>	Documentation #:	<input type="text"/>
Hull Identification # (HIN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Rented:	<input type="radio"/> Yes <input type="radio"/> No

SIZE ESTIMATES

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

Type of hull material (select one):

<input type="radio"/> Fiberglass	<input type="radio"/> Wood	<input type="radio"/> Rubber/vinyl/canvas	<input type="radio"/> Other (describe): <input type="text"/>
<input type="radio"/> Aluminum	<input type="radio"/> Steel	<input type="radio"/> Plastic	

BOAT TYPE

Boat type (select one):	Available propulsion (select all that apply):
<input type="radio"/> Cabin motorboat <input type="radio"/> Inflatable <input type="radio"/> Canoe <input type="radio"/> Personal watercraft (PWC) <input type="radio"/> Open motorboat <input type="radio"/> Houseboat <input type="radio"/> Rowboat (e.g., Wave Runner™, <input type="radio"/> Auxiliary sail <input type="radio"/> Sail (only) <input type="radio"/> Air boat Jet Ski™, Sea-Doo™ <input type="radio"/> Pontoon boat <input type="radio"/> Kayak <input type="radio"/> Other (describe): <input type="text"/>	<input type="checkbox"/> Propeller <input type="checkbox"/> Air thrust <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input type="text"/> <input type="checkbox"/> Manual <input type="checkbox"/> Water jet

ENGINE

# engines: <input type="text"/>	Engine type and horsepower (select one):	Fuel type (select all that apply):
Manufacturer: <input type="text"/>	<input type="radio"/> Outboard <input type="radio"/> Sterndrive (I/O) <input type="radio"/> Inboard <input type="radio"/> None Total horsepower: <input type="text"/> hp	<input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel

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):

<input type="checkbox"/> Federal Agency (Name): <input type="text"/>
<input type="checkbox"/> US Coast Guard Auxiliary: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> State Agency (Name): <input type="text"/>
<input type="checkbox"/> US Power Squadrons: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Other Agency (Name): <input type="text"/>

# Life jackets on board: <input type="text"/>	# Fire extinguishers on board: <input type="text"/>	Type of fire extinguishers (e.g., ABC): <input type="text"/>
	# Fire extinguishers used: <input type="text"/>	Amount of fire extinguisher used: <input type="text"/>

ACCIDENT DETAILS - EXTERNAL CONDITIONS

WEATHER

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

WATER

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

- Recreational
 Commercial

Operator/passenger activities (select all that apply):

- Fishing Tubing Starting engine Other (list):
 Hunting Water Skiing Making repairs
 White water activity (e.g., rafting) Relaxing

BOAT OPERATIONS

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

- Cruising (underway under power) Drifting Racing Towing another vessel
 Changing direction At anchor Rowing/paddling Launching
 Changing speed Being towed Tied to dock/mooring Docking/undocking
 Sailing 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):

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

ACCIDENT DETAILS - YOUR BOAT

MACHINERY/EQUIPMENT FAILURE

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

- Engine Sail/mast Steering Radio Fire extinguisher
 Electrical system Onboard lights Throttle Auxiliary equipment Ventilation
 Fuel system Seats Shift Sound equipment (e.g., horn, whistle)
 Onboard navigation aids (e.g., GPS, Loran) Other (list):

ACCIDENT DETAILS - EVENTS ON YOUR BOAT

ACCIDENT EVENTS

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

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

Street:

City: State: Zip: -

Phone: - - Age:

INJURY DETAILS

<p>Injury caused when person (select all that apply):</p> <p><input type="checkbox"/> Struck the: <input type="text"/> (e.g., boat, water)</p> <p><input type="checkbox"/> Was struck by a: <input type="text"/> (e.g., boat, propeller)</p> <p><input type="checkbox"/> Was exposed to carbon monoxide poisoning</p> <p><input type="checkbox"/> Received an electric shock</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p> <p>Person was wearing lifejacket? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Person received treatment beyond first aid? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Person was admitted to a hospital? <input type="radio"/> Yes <input type="radio"/> No</p>	<p>Nature of most serious injury (select one):</p> <p><input type="radio"/> Scrape/bruise <input type="radio"/> Dislocation</p> <p><input type="radio"/> Cut <input type="radio"/> Internal organ injury</p> <p><input type="radio"/> Sprain/strain <input type="radio"/> Amputation</p> <p><input type="radio"/> Concussion/brain injury <input type="radio"/> Burn</p> <p><input type="radio"/> Spinal cord injury <input type="radio"/> Other (describe): <input type="text"/></p> <p><input type="radio"/> Broken/fractured bone <input type="text"/></p> <p>Body part of most serious injury (e.g., head, hip, knee): <input type="text"/></p>
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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: MI: Last:

Street:

City: State: Zip: -

Phone: - - Age:

DETAILS OF DEATH/DISAPPEARANCE

<p>Injury caused when person (select all that apply):</p> <p><input type="checkbox"/> Struck the: <input type="text"/> (e.g., boat, water)</p> <p><input type="checkbox"/> Was struck by a: <input type="text"/> (e.g., boat, propeller)</p> <p><input type="checkbox"/> Was exposed to carbon monoxide poisoning</p> <p><input type="checkbox"/> Received an electric shock</p> <p><input type="checkbox"/> Other (describe): <input type="text"/></p>	<p>Nature of death/disappearance (select one):</p> <p><input type="radio"/> Death - by drowning</p> <p><input type="radio"/> Death - other likely cause (describe): <input type="text"/></p> <p><input type="radio"/> Disappeared and not yet recovered</p> <p>Person was wearing lifejacket? <input type="radio"/> Yes <input type="radio"/> No</p>
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For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS - YOUR BOAT OPERATOR

OPERATOR INSTRUCTION

Boating safety instruction completed (select all that apply):

- None
- State course
- USCG Auxiliary course
- US Power Squadrons course
- Internet (name of sponsoring organization):

- Other (describe):

OPERATOR EXPERIENCE

Experience operating this type of boat (select one):

- 0 to 10 hours
- Over 10, up to 100 hours
- Over 100, up to 500 hours
- Over 500 hours

OPERATOR SAFETY MEASURES

On board, prior to accident, was operator wearing:

A lifejacket?

- Yes
- No

An engine cut-off switch (Lanyard or wireless device) if equipped?

- Yes
- No

On board, prior to accident, was operator using:

Alcohol?

- Yes
- No

Drugs?

- Yes
- No

Operator arrested for Boating Under the Influence?

- Yes
- No

Weather reports consulted prior to accident?

- Yes
- No

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: MI: Last:

Street:

City: State: Zip: -

Other boat name (if any): Phone: - -

Other boat registration # (if any):

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: MI: Last:

Street:

City: State: Zip: -

Other boat name (if any): Phone: - -

Other boat registration # (if any):

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

YOUR BOAT OPERATOR

NAME/ADDRESS

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>

AGE/GENDER/PHONE

Age:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
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YOUR BOAT OWNER

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

NAME/ADDRESS/PHONE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

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:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

I was a(n) (select one):

- Other person on board *this* boat
- Accident witness *not* on board *this* boat
- Other (describe):

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yy
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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-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.