 <b>Colorado State Parks</b> <b>STATE OF COLORADO -</b> <b>DIVISION OF PARKS</b> <b>BOATING ACCIDENT REPORT FORM</b>		<b>REPORTING AGENCY</b>	
		<b>CASE NUMBER</b>	<b>CONNECTING CASE #</b>
THE OPERATOR OF EVERY VESSEL IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER A BOATING ACCIDENT RESULTS IN: LOSS OF LIFE OR DISAPPEARANCE FROM A VESSEL; AN INJURY WHICH REQUIRED MEDICAL TREATMENT BEYOND FIRST AID; OR PROPERTY DAMAGE IN EXCESS OF \$500 OR COMPLETE LOSS OF THE VESSEL. REPORTS MUST BE SUBMITTED WITHIN 5 DAYS. ALL REPORTS MUST BE SUBMITTED TO THE DIVISION OF PARKS AND OUTDOOR RECREATION, 13787 S. HWY. 85, LITTLETON, COLORADO 80125. ANY PERSON FAILING TO FILE THIS REPORT WHEN REQUIRED IS GUILTY OF A MISDEMEANOR AND, UPON CONVICTION THEREOF, SHALL BE PUNISHED AS PROVIDED FOR BY LAW. (C.R.S. AS AMENDED)			
<b>COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")</b>			
<b>ACCIDENT DATA</b>			
<b>NUMBER OF PERSONS DECEASED</b>	<b>NUMBER INJURED BEYOND FIRST AID</b>		<b>NUMBER DISAPPEARED</b>
<b>NUMBER OF VESSELS INVOLVED</b>	<b>TOTAL PROPERTY DAMAGE AMOUNT \$</b>		<b>WAS VESSEL A TOTAL LOSS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DATE OF ACCIDENT</b>	<b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>LATITUDE</b>
<b>LOCATION NAME</b>	<b>STATE</b>	<b>COUNTY</b>	<b>LONGITUDE</b>
<b>NAME OF BODY OF WATER</b>	<b>NEAREST CITY OR TOWN</b>		<b>ALCOHOL INVOLVED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DATE REPORTED</b>	<b>TIME REPORTED</b> <input type="checkbox"/> AM <input type="checkbox"/> PM		<b>COUNTY CODE</b>
<b>REPORT STATUS</b> <input type="checkbox"/> STATE REPORTABLE <input type="checkbox"/> USCG REPORTABLE <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> USCG NON-REPORTABLE			
<b>WEATHER</b> (CHECK ALL APPLICABLE) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY <input type="checkbox"/> UNKNOWN	<b>WATER CONDITIONS</b> <input type="checkbox"/> CALM (WAVES < 6") <input type="checkbox"/> CHOPPY (WAVES 6" - 2') <input type="checkbox"/> ROUGH (WAVES 2' - 6') <input type="checkbox"/> VERY ROUGH (> 6') <input type="checkbox"/> STRONG / SWIFT CURRENT	<b>WIND</b> <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0 - 12 MPH) <input type="checkbox"/> MODERATE (13 - 24 MPH) <input type="checkbox"/> STRONG (25 - 54 MPH) <input type="checkbox"/> STORM (55 MPH AND OVER)	<b>TEMPERATURE</b> AIR (    ) °F WATER (    ) °F <b>VISIBILITY</b> DAY            NIGHT <input type="checkbox"/> GOOD <input type="checkbox"/> <input type="checkbox"/> FAIR <input type="checkbox"/> <input type="checkbox"/> POOR <input type="checkbox"/>
<b>PERSON COMPLETING REPORT</b>			
<b>LAST NAME</b>	<b>FIRST</b>	<b>PHONE NO. (    )</b>	
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>STATUS OF PERSON COMPLETING REPORT</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER (SPECIFY)			
<b>SIGNATURE</b>		<b>DATE SUBMITTED</b>	
<b>FOR AGENCY USE ONLY</b>			
<b>CAUSES BASED ON (CHECK ONE)</b> <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER (SPECIFY)			
<b>NAME OF REVIEWING STATE REPORTING AUTHORITY</b>		<b>DATE RECEIVED</b>	
<b>SIGNATURE OF REVIEWING OFFICIAL</b>		<b>DATE REVIEWED</b>	
<b>INVESTIGATOR'S LAST NAME</b>	<b>FIRST</b>	<b>PHONE NO. (    )</b>	
<b>PRIMARY CAUSE</b>	<b>SECONDARY CAUSE</b>	<b>TERTIARY CAUSE</b>	

**OPERATOR / OWNER INFORMATION 1 (IF MORE THAN 3, ATTACH ADDITIONAL FORMS)**

OPERATOR 1 LAST NAME		FIRST			MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. (      )		DATE OF BIRTH	AGE IN YEARS
<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE	<b>OPERATOR EXPERIENCE WITH THIS VESSEL</b> <input type="checkbox"/> < 10 HOURS <input type="checkbox"/> > 500 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> 100 - 500 HOURS		<b>OPERATOR INSTRUCTION IN BOATING SAFETY</b> <input type="checkbox"/> STATE COURSE <input type="checkbox"/> RED CROSS <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> INTERNET COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> US POWER SQUADRONS      (SPECIFY)      (SPECIFY)		
	OWNER 1 LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. (      )			

**OPERATOR / OWNER INFORMATION 2**

OPERATOR 2 LAST NAME		FIRST			MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. (      )		DATE OF BIRTH	AGE IN YEARS
<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE	<b>OPERATOR EXPERIENCE WITH THIS VESSEL</b> <input type="checkbox"/> < 10 HOURS <input type="checkbox"/> > 500 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> 100 - 500 HOURS		<b>OPERATOR INSTRUCTION IN BOATING SAFETY</b> <input type="checkbox"/> STATE COURSE <input type="checkbox"/> RED CROSS <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> INTERNET COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> US POWER SQUADRONS      (SPECIFY)      (SPECIFY)		
	OWNER 2 LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. (      )			

**OPERATOR / OWNER INFORMATION 3**

OPERATOR 3 LAST NAME		FIRST			MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. (      )		DATE OF BIRTH	AGE IN YEARS
<input type="checkbox"/> MALE  <input type="checkbox"/> FEMALE	<b>OPERATOR EXPERIENCE WITH THIS VESSEL</b> <input type="checkbox"/> < 10 HOURS <input type="checkbox"/> > 500 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> OTHER <input type="checkbox"/> 100 - 500 HOURS		<b>OPERATOR INSTRUCTION IN BOATING SAFETY</b> <input type="checkbox"/> STATE COURSE <input type="checkbox"/> RED CROSS <input type="checkbox"/> NONE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> INTERNET COURSE <input type="checkbox"/> OTHER <input type="checkbox"/> US POWER SQUADRONS      (SPECIFY)      (SPECIFY)		
	OWNER 3 LAST NAME		FIRST		MIDDLE INITIAL
STREET ADDRESS				CITY	
STATE	ZIP	PHONE NO. (      )			

## ACCIDENT DESCRIPTION

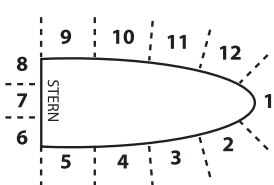
DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS) AND CONTRIBUTING FACTORS. INCLUDE FAILURE OF MACHINERY OR EQUIPMENT. INCLUDE A DIAGRAM AND CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND / OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF PERSONAL FLOATATION DEVICES (PFDs).

PLEASE DO NOT LIST ANY PERSONAL IDENTIFIERS IN THIS SECTION -- SUCH AS NAMES OF INDIVIDUALS, TELEPHONE NUMBERS, STREET ADDRESSES, ETC. REFER TO INDIVIDUALS AS OPERATOR 1, OPERATOR 2, VICTIM 1, VICTIM 2, ETC. AND TO THE VESSEL(S) INVOLVED AS VESSEL 1, VESSEL 2, ETC.

FOR EXAMPLE: OPERATOR OF VESSEL 1 DID NOT HAVE A PROPER LOOKOUT AND RAN INTO VESSEL 2 INJURING VICTIMS 1 AND 2 ON VESSEL 2.

VESSEL # \_\_\_\_\_

INITIAL IMPACT POINT # \_\_\_\_\_

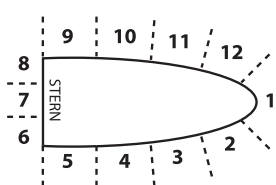


**CIRCLE ALL DAMAGED AREAS**

- 13 - BELOW WATERLINE
- 14 - LOWER UNIT
- 15 - WINDSHIELD
- 16 - BURNED
- 17 - SUNK
- 18 - NO DAMAGE  
(PERSONAL INJURY ONLY)

VESSEL # \_\_\_\_\_

INITIAL IMPACT POINT # \_\_\_\_\_

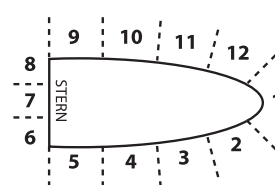


**CIRCLE ALL DAMAGED AREAS**

- 13 - BELOW WATERLINE
- 14 - LOWER UNIT
- 15 - WINDSHIELD
- 16 - BURNED
- 17 - SUNK
- 18 - NO DAMAGE  
(PERSONAL INJURY ONLY)

VESSEL # \_\_\_\_\_

INITIAL IMPACT POINT # \_\_\_\_\_



**CIRCLE ALL DAMAGED AREAS**

- 13 - BELOW WATERLINE
- 14 - LOWER UNIT
- 15 - WINDSHIELD
- 16 - BURNED
- 17 - SUNK
- 18 - NO DAMAGE  
(PERSONAL INJURY ONLY)

VESSEL INFORMATION (COMPLETE ONE FORM FOR EACH VESSEL) VESSEL# <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (CHECK ONE)			
NUMBER DECEASED FOR THIS VESSEL		OPERATOR DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	
AMOUNT OF DAMAGE FOR THIS VESSEL \$		NUMBER INJURED BEYOND FIRST AID FOR THIS VESSEL	
AMOUNT OF DAMAGE TO OTHER PROPERTY \$		DESCRIBE VESSEL DAMAGE	
AMOUNT OF DAMAGE TO OTHER PROPERTY \$		DESCRIBE OTHER PROPERTY DAMAGE	
VESSEL REGISTRATION NUMBER		STATE	VESSEL MAKE
HULL IDENTIFICATION NUMBER (HIN)		VESSEL MODEL	
NAME OF VESSEL MANUFACTURER		YEAR BUILT	VESSEL LENGTH IN FEET AND INCHES
RENTED VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR LIVED AT VESSEL OWNER'S RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO VESSEL OWNER WAS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OPERATOR <input type="checkbox"/> NOT PRESENT		BUI ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO
OPERATOR BAC _____			
COAST GUARD (USCG) APPROVED PERSONAL FLOTATION DEVICES (PFDs) REQUIRED NUMBER OF USCG APPROVED PFDs ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USCG APPROVED PFDs ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR WEARING USCG PFD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
		SAFETY LANYARD USED APPROPRIATELY <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF VESSEL <input type="checkbox"/> AIR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> CANOE <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> INFLATABLE <input type="checkbox"/> KAYAK <input type="checkbox"/> JET BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT (PWC) <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> OTHER (SPECIFY)	VESSEL HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> RIGID HULL INFLATABLE <input type="checkbox"/> KEVLAR <input type="checkbox"/> PLASTIC (ROYALEX, POLYETHYLENE) <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (SPECIFY)	ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> STERNDRIVE - <input type="checkbox"/> SAIL INBOARD (I/O) <input type="checkbox"/> MANUAL <input type="checkbox"/> INBOARD <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL <input type="checkbox"/> AIR THRUST
		NUMBER OF ENGINES _____	
		ENGINE MAKE _____	
		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC	
		TOTAL HORSEPOWER FOR PRIMARY ENGINE (S) _____	
		ENGINE SERIAL NUMBER (S) _____	
ACCIDENT EVENTS AND CONTRIBUTING FACTORS			
OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> BEING TOWED <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> CRUISING <input type="checkbox"/> DOCKING/UNDocking <input type="checkbox"/> DRIFTING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> TIED TO DOCK/MOORING <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> TOWING WATER DEVICE OR SKIER <input type="checkbox"/> OTHER (SPECIFY)	ACTIVITY AT TIME OF ACCIDENT <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> FUELING <input type="checkbox"/> HUNTING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> RACING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> SWIMMING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> FISHING TOURNAMENT <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> WHITEWATER BOATING <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF ACCIDENT (NUMBER BY ORDER OF OCCURRENCE) ____ CAPSIZING ____ CARBON MONOXIDE EXPOSURE ____ COLLISION WITH FIXED OBJECT ____ COLLISION WITH FLOATING OBJECT ____ COLLISION WITH VESSEL ____ ELECTROCUTION ____ FALL WITHIN A VESSEL ____ FALL ON A VESSEL ____ FALL OVERBOARD ____ FIRE OR EXPLOSION (OTHER) ____ FIRE/EXPLOSION (FUEL) ____ FLOODING/SWAMPING ____ GROUNDING ____ PERSON LEAVES A VESSEL ____ PERSON EJECTED FROM A VESSEL ____ SINKING ____ SKIER MISHAP ____ STRUCK BY VESSEL ____ STRUCK BY PROPELLER OR PROPULSION UNIT ____ STRUCK SUBMERGED OBJECT ____ OTHER (SPECIFY)	
BOATING CITATIONS ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF VIOLATION			

**VESSEL INFORMATION CONTINUED (COMPLETE ONE FORM FOR EACH VESSEL) VESSEL#  1  2  3 (CHECK ONE)**

<b>DID THE ACCIDENT RESULT IN A HIT AND RUN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NUMBER OF PEOPLE ON BOARD</b>	<b>NUMBER OF PEOPLE BEING TOWED</b>
--	----------------------------------	-------------------------------------

<b>ESTIMATED SPEED AT TIME OF ACCIDENT</b>	<input type="checkbox"/> NOT MOVING	<input type="checkbox"/> UNDER 10 MPH	<input type="checkbox"/> 10-20 MPH	<input type="checkbox"/> 21-40 MPH	<input type="checkbox"/> OVER 40 MPH
<input type="checkbox"/> IDLING	<input type="checkbox"/> PLOWING	<input type="checkbox"/> ACCELERATING	<input type="checkbox"/> PLANING (ON PLANE)	<input type="checkbox"/> DECELERATING	

<p align="center"><b>CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> ALCOHOL USE</td> <td><input type="checkbox"/> OPERATOR INEXPERIENCE</td> </tr> <tr> <td><input type="checkbox"/> CARELESS/RECKLESS OPERATION</td> <td><input type="checkbox"/> OVERLOADING</td> </tr> <tr> <td><input type="checkbox"/> CONGESTED WATERS</td> <td><input type="checkbox"/> PASSENGER / SKIER BEHAVIOR</td> </tr> <tr> <td><input type="checkbox"/> DAM / LOCK</td> <td><input type="checkbox"/> RESTRICTED VISION</td> </tr> <tr> <td><input type="checkbox"/> DRUG USE</td> <td><input type="checkbox"/> RULES OF THE ROAD VIOLATION</td> </tr> <tr> <td><input type="checkbox"/> EQUIPMENT FAILURE</td> <td><input type="checkbox"/> SHARP TURN</td> </tr> <tr> <td><input type="checkbox"/> EXCESSIVE SPEED</td> <td><input type="checkbox"/> STANDING / SITTING ON GUNWHALE, BOWS, OR TRANSOM</td> </tr> <tr> <td><input type="checkbox"/> FAILURE TO VENT</td> <td><input type="checkbox"/> STARTING IN GEAR</td> </tr> <tr> <td><input type="checkbox"/> HAZARDOUS WATERS</td> <td><input type="checkbox"/> WAKE</td> </tr> <tr> <td><input type="checkbox"/> VESSEL HULL FAILURE</td> <td><input type="checkbox"/> WEATHER (HEAVY)</td> </tr> <tr> <td><input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR</td> <td><input type="checkbox"/> NO PROPER LOOKOUT</td> </tr> <tr> <td><input type="checkbox"/> MACHINERY FAILURE</td> <td><input type="checkbox"/> OFF-THROTTLE STEERING</td> </tr> <tr> <td><input type="checkbox"/> OPERATOR INATTENTION</td> <td><input type="checkbox"/> NAVIGATION AID MISSING</td> </tr> <tr> <td><input type="checkbox"/> IMPROPER ANCHORING</td> <td><input type="checkbox"/> NAVIGATION AID NOT PERFORMING PROPERLY</td> </tr> <tr> <td><input type="checkbox"/> IMPROPER LOADING</td> <td><input type="checkbox"/> OTHER (SPECIFY)</td> </tr> <tr> <td><input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS</td> <td></td> </tr> </table>	<input type="checkbox"/> ALCOHOL USE	<input type="checkbox"/> OPERATOR INEXPERIENCE	<input type="checkbox"/> CARELESS/RECKLESS OPERATION	<input type="checkbox"/> OVERLOADING	<input type="checkbox"/> CONGESTED WATERS	<input type="checkbox"/> PASSENGER / SKIER BEHAVIOR	<input type="checkbox"/> DAM / LOCK	<input type="checkbox"/> RESTRICTED VISION	<input type="checkbox"/> DRUG USE	<input type="checkbox"/> RULES OF THE ROAD VIOLATION	<input type="checkbox"/> EQUIPMENT FAILURE	<input type="checkbox"/> SHARP TURN	<input type="checkbox"/> EXCESSIVE SPEED	<input type="checkbox"/> STANDING / SITTING ON GUNWHALE, BOWS, OR TRANSOM	<input type="checkbox"/> FAILURE TO VENT	<input type="checkbox"/> STARTING IN GEAR	<input type="checkbox"/> HAZARDOUS WATERS	<input type="checkbox"/> WAKE	<input type="checkbox"/> VESSEL HULL FAILURE	<input type="checkbox"/> WEATHER (HEAVY)	<input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR	<input type="checkbox"/> NO PROPER LOOKOUT	<input type="checkbox"/> MACHINERY FAILURE	<input type="checkbox"/> OFF-THROTTLE STEERING	<input type="checkbox"/> OPERATOR INATTENTION	<input type="checkbox"/> NAVIGATION AID MISSING	<input type="checkbox"/> IMPROPER ANCHORING	<input type="checkbox"/> NAVIGATION AID NOT PERFORMING PROPERLY	<input type="checkbox"/> IMPROPER LOADING	<input type="checkbox"/> OTHER (SPECIFY)	<input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS		<p><b>SPECIFY "EQUIPMENT FAILURE"</b></p> <input type="checkbox"/> AUXILIARY EQUIPMENT FAILUIRE <input type="checkbox"/> COMMUNICATION EQUIPMENT FAILURE <input type="checkbox"/> FIRE EXTINGUISHER NOT SERVICEABLE <input type="checkbox"/> SAIL DISMASTING <input type="checkbox"/> SEAT BROKE LOOSE <input type="checkbox"/> SOUND PRODUCING EQUIPMENT FAILURE <input type="checkbox"/> VISUAL DISTRESS SIGNALS FAILED
<input type="checkbox"/> ALCOHOL USE	<input type="checkbox"/> OPERATOR INEXPERIENCE																																
<input type="checkbox"/> CARELESS/RECKLESS OPERATION	<input type="checkbox"/> OVERLOADING																																
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<input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR	<input type="checkbox"/> NO PROPER LOOKOUT																																
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<input type="checkbox"/> IMPROPER LOADING	<input type="checkbox"/> OTHER (SPECIFY)																																
<input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS																																	
<p><b>SPECIFY "MACHINERY FAILURE"</b></p> <input type="checkbox"/> ELECTRIC SYSTEM FAILURE <input type="checkbox"/> ENGINE FAILURE <input type="checkbox"/> FUEL SYSTEM FAILURE <input type="checkbox"/> SHIFT FAILURE <input type="checkbox"/> STEERING SYSTEM FAILURE <input type="checkbox"/> THROTTLE FAILURE <input type="checkbox"/> VENTILATION SYSTEM FAILURE																																	

**ACCIDENT DESCRIPTORS**

<input type="checkbox"/> BOAT FOUND CAPSIZED	<input type="checkbox"/> BOAT STRUCK BY LIGHTNING	<input type="checkbox"/> BOAT FOUND UPRIGHT, DRIFTING, OCCUPANTS DISAPPEARED
<input type="checkbox"/> COLLISION WITH COMMERCIAL VESSEL	<input type="checkbox"/> VICTIM STRUCK BY BOOM	<input type="checkbox"/> VICTIM ENTANGLED IN LINES
<input type="checkbox"/> PARASAILING ACCIDENT	<input type="checkbox"/> RUNAWAY BOAT	

ESTIMATED NUMBER OF DAYS VESSEL USED THIS YEAR	TYPICAL NUMBER OF HOURS VESSEL USED EACH DAY THIS YEAR
--	--

TYPICAL NUMBER OF PERSONS (INCLUDING YOURSELF) ON BOARD VESSEL EACH DAY THIS YEAR

**OTHER PEOPLE ON BOARD THIS VESSEL (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)**

LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		CITY
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE
		ZIP
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN PRIOR TO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN AS A RESULT OF ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
		WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO

LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		CITY
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE
		ZIP
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN PRIOR TO ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN AS A RESULT OF ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO
		WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO

**WITNESSES NOT ON THIS VESSEL (IF MORE THAN 2 WITNESSES, LIST ON SEPARATE SHEET)**

WITNESS 1 LAST NAME	FIRST	PHONE NO. ( )
STREET ADDRESS		CITY
	STATE	ZIP
WITNESS 2 LAST NAME	FIRST	PHONE NO. ( )
STREET ADDRESS		CITY
	STATE	ZIP

**INJURED VICTIMS (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)**

<b>VICTIM 1 LAST NAME</b>		<b>FIRST</b>	<b>MIDDLE INITIAL</b>																																																						
<b>VICTIM 1 STREET ADDRESS</b>																																																									
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>																																																						
<b>WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?</b>		<b>AGE OF VICTIM</b>	<b>DATE OF BIRTH</b>																																																						
<b>MEDICAL TREATMENT BEYOND FIRST AID?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>ADMITTED TO HOSPITAL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>TYPE OF INJURY (CHECK ALL THAT APPLY)</b>																																																							
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<b>INJURED STATUS</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER																																																									

**DECEASED VICTIMS (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)**

<b>VICTIM 1 LAST NAME</b>		<b>FIRST</b>		<b>MIDDLE INITIAL</b>			
<b>VICTIM 1 STREET ADDRESS</b>							
<b>CITY</b>			<b>STATE</b>		<b>ZIP</b>		
<b>WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?</b>			<b>AGE OF VICTIM</b>		<b>DATE OF BIRTH</b>		
<b>ALCOHOL USE APPARENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      BAC _____			<b>DRUG USE APPARENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      TYPE _____				
<b>CAUSE OF DEATH</b> <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> DROWNING <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> TRAUMA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)		<b>VICTIM ACTIVITY</b> <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> OTHER (SPECIFY)		<b>PFD WORN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>PFD WORN WAS</b> <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE  <b>PFD USED – BUT NOT WORN</b> <input type="checkbox"/> YES TYPE _____ <input type="checkbox"/> NO  <b>PFD WAS NOT WORN AND NOT USED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<b>TYPE OF PFD WORN</b> <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V  <b>PFD PERFORMANCE</b> <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> FAILED <input type="checkbox"/> IMPROPER WEAR / USE  <b>COMMENTS</b>	
				<b>USCG PFD APPROVAL NUMBER 160.</b> _____			
<b>VICTIM STRUCK BY VESSEL</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>VICTIM STRUCK BY PROPULSION UNIT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>DISAPPEARANCE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DECEASED STATUS</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		<b>PHYSICAL CONDITION</b> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL <input type="checkbox"/> ILL <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL / DRUGS <input type="checkbox"/> OTHER (SPECIFY)				<b>VICTIM SWIMMING ABILITY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
<b>VICTIM 2 LAST NAME</b>		<b>FIRST</b>		<b>MIDDLE INITIAL</b>			
<b>VICTIM 2 STREET ADDRESS</b>							
<b>CITY</b>			<b>STATE</b>		<b>ZIP</b>		
<b>WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?</b>			<b>AGE OF VICTIM</b>		<b>DATE OF BIRTH</b>		
<b>ALCOHOL USE APPARENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      BAC _____			<b>DRUG USE APPARENT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO      TYPE _____				
<b>CAUSE OF DEATH</b> <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> DROWNING <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> TRAUMA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)		<b>VICTIM ACTIVITY</b> <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> OTHER (SPECIFY)		<b>PFD WORN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>PFD WORN WAS</b> <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE  <b>PFD USED – BUT NOT WORN</b> <input type="checkbox"/> YES TYPE _____ <input type="checkbox"/> NO  <b>PFD WAS NOT WORN AND NOT USED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<b>TYPE OF PFD WORN</b> <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V  <b>PFD PERFORMANCE</b> <input type="checkbox"/> SUCCESSFUL <input type="checkbox"/> FAILED <input type="checkbox"/> IMPROPER WEAR / USE  <b>COMMENTS</b>	
				<b>USCG PFD APPROVAL NUMBER 160.</b> _____			
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<b>DECEASED STATUS</b> <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		<b>PHYSICAL CONDITION</b> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL <input type="checkbox"/> ILL <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL / DRUGS <input type="checkbox"/> OTHER (SPECIFY)				<b>VICTIM SWIMMING ABILITY</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	