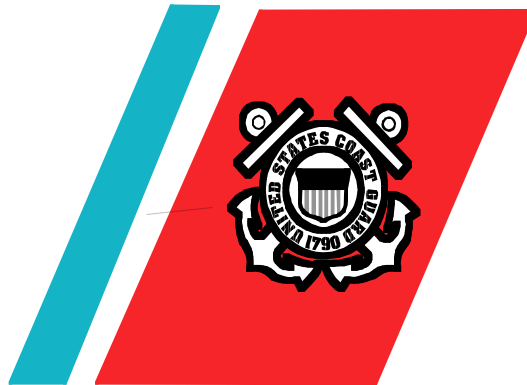


U.S. Department
of Transportation

**United States
Coast Guard**

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CONSUMER FACT SHEETS

FACT SHEET 5

BOATING ACCIDENT REPORTS

WHEN TO FILE AN ACCIDENT REPORT

Coast Guard regulations require that the operator of a boat, numbered or used for recreational purposes, that is involved in an accident file a report if the accident results in any of the following:

- Loss of life.
- A person disappears from a vessel under circumstances that indicate death or injury.
- Personal injury which required medical treatment beyond first aid
- Complete loss of the vessel.
- Damage to the vessel or other property in the amount set as a threshold by the state in which the accident occurred. In most states, the threshold is set in the area of \$100 to \$200. Call your state's Boating Law Administrator to verify the threshold for a particular state. (#'s found in this Fact Sheet)
- NOTE – The Federal threshold is \$500. You must file at the lower figure.

HOW MUCH TIME ALLOWED TO FILE

Where death or injury has occurred, reports must be submitted within 48 hours. Otherwise, reports must be submitted within 10 days. The Coast Guard established these minimum reporting requirements.

WHERE TO FILE

Boat operators must report accidents to the State Boating Law Administrator of the state in which the accident occurred. (See list of state administrators in this Fact Sheet). The exception is Alaska in which the report should be made to the Coast Guard District Commander (1-907-463-2297).

WHAT IS DONE WITH THE INFORMATION?

Boating Accident Reports and results of Coast Guard, state and local boating accident investigations are kept at Coast Guard Headquarters. The Coast Guard uses this information to develop safety regulations and manufacturing standards for the benefit of the boating public. Information is also used in boating safety education programs and other boating safety initiatives.

BOATING ACCIDENT REPORT FORM

The Coast Guard Boating Accident Report Form may be used in all cases of accident reporting regardless in which state the report is to be filed. The state form may also be used. You can use or reproduce the Boating Accident Report Form in this Fact Sheet to report an accident.

INFORMATION VIA THE COAST GUARD INFOLINE

Copies of Boating Accident Report Forms, information on state dollar damage reporting thresholds and other valuable boating safety information is available through the U. S. Coast Guard Infoline at 1-800-368-5647.

State Boating Law Administrators as of April 1998

State	Telephone	Fax	Name	Address
Alabama	(334)242-3673 through 3676	(334)242-0336	Mr. William B. Garner	Department of Conservation and Natural Resources 64 North Union Street, Room 438 Montgomery, Alabama 36130-1451
American Samoa	011-(684)633-2004/1696	011-(684)633-5031	Commander Maliliefa Salanoa	Department of Public Safety PO Box1086, Pago Pago, American Samoa 96799
Arizona	(602)942-3000 Ext 491	(602)789-3920 or 789-3901	Mr. Kim Keith	Arizona Game and Fish Department 2221 West Greenway Road Phoenix, Arizona 85023
Arkansas	(501)223-6399	(500)223-6425	Mr. Mike Wilson	Arkansas Game and Fish Commission #2 Natural Resources Drive Little Rock, Arkansas 72205
California	(916)445-6281	(916)327-7250	Mr. C.F. "Chuck" Raysbrook	Dept. of Boating and Waterways 1626 "S" Street Sacramento, California 95814
CNMI	(670)234-6055 or 234-6021	(670)234-2023	Mr. Claudio K. Norita	Boating Safety Section Department of Public Safety PO Box 791 Saipan, CNMI 96950
Colorado	(303)791-1954	(303)470-0782	Mr. Rick Storm	Division of Parks and Outdoor Recreation 13787 South Highway 85 Littleton, Colorado 80125
Connecticut	(860)434-8638	(860)434-3501	Major Randolph W. Dill	DEP Marine Headquarters Law Enforcement Division P.O. Box 280 Old Lyme, Connecticut 06371
Delaware	(302) 739-3440	(302)739-6157	Major Jim Graybeal	Division of Fish and Wildlife 89 Kings Hwy Dover, Delaware 19901
District of Columbia	(202)727-4582	(202)727-3663	Lieutenant Ralph W. McLean	Metropolitan Police Department MPDC Harbor Branch 550 Water Street S.W. Washington, DC 20024
Florida	(850)488-5600	(850)488-9284	Mr. Jim Brown	Department of Environmental Protection Division of Law Enforcement 3900 Commonwealth Boulevard, MS 650 Tallahassee, Florida 32399-3000
Georgia	(770)918-6408	(770)918-6410	Lieutenant Colonel Bob Brown	Department of Natural Resources Law Enforcement Section 2070 U.S. Highway 278 SE Social Circle, Georgia 30025
Guam	(671)475-8447	(671)472-9704	Mr. Bradley A Hokanson	Guam Police Department Special Programs Section P.O. Box 23909 GMF, Barrigada, GU 96921
Hawaii	(808)586-9345	(808)587-1977	Mr. Howard Gehring	Division of Boating & Ocean Recreation Department of Land & Natural Resources 333 Queen St. Suite 300 Honolulu, Hawaii 96813
Idaho	(208)334-4180	(208)334-3741	Mr. Mark Brandt	Department of Parks and Recreation

	Ext. 224			Boating Program Box 83720 Boise, Idaho 83720-0065 Dept of Natural Resources Office of Law Enforcement 524 South Second Street Springfield, Illinois 62701-1787
Illinois	(217)782-6431	(217)785-8405	Mr. Thomas Wakolbinger	Department of Natural Resources 402 W Washington Street Room W-255D Indianapolis, Indiana 46204
Indiana	(317)232-4010	(317)232-8035	Major Larry G. Rhinehart	Department of Natural Resources Wallace Building E. Ninth & Grand Ave Des Moines, Iowa 50319-0034
Iowa	(515)281-8174	(515)281-6794	Mr. Randy Edwards	Kansas Wildlife and Parks 900 SW Jackson Suite 502 Topeka Kansas 66612
Kansas	(785) 296-2281	(785) 296-6953	Ms. Cheri Swayne	Department of Fish and Wildlife #1 Game Farm Road Frankfort, Kentucky 40601
Kentucky	(502)564-3074	(502)564-3178	Colonel David Loveless	Department of Wildlife and Fisheries P.O. Box 98000 Baton Rouge, Louisiana 70898-9000
Louisiana	(504)765-2983	(504)765-2832	Lieutenant Colonel Charlie Clark	Inland Fisheries and Wildlife 284 State Street, Station #41 Augusta, Maine 04333
Maine	(207)287-2766	(207)287-8094	Colonel Parker K. Tripp	Maryland Department of Natural Resources Tawes State Office Bldg., E3 580 Taylor Avenue Annapolis, Maryland 21401
Maryland	(410)260-8881	(410) 260-8878	Colonel John W. Rhoads	Dept of Fisheries Division of Law Enforcement 175 Portland Street Boston, Massachusetts 02114
Massachusetts	(617)727-8589	(617)727-8551	Colonel Richard A. Murray	Department of Natural Resources P. O. Box 30031 Lansing, Michigan 48909
Michigan	(517)335-3414	(517)373-6816	Lieutenant Lyle Belknap	Department of Natural Resources Box 46 - 500 Lafayette Road St. Paul, Minnesota 55155-4046
Minnesota	(612)296-0905	(612)296-0902	Mr. Kim Elverum	Department of Wildlife, Fisheries and Parks P. O. Box 451 Jackson, Mississippi 39205
Mississippi	(601)364-2185	(601)364-2239	Mrs. Elizabeth Raymond	Missouri State Water Patrol Department of Public Safety P. O. Box 1368 Jefferson City, Missouri 65102-1368
Missouri	(573)751-3333	(573)636-8428	Colonel Larry T. Whitten	Boating Safety Division Department of Fish, Wildlife and Parks 1420 East 6th Avenue, PO Box 200701 Helena, Montana 59620
Montana	(406)444-2452	(406)444-4952	Ms. Jean Sewell	Game & Parks Commission 2200 North 33 Street - P. O. Box 30370 Lincoln, Nebraska 68503-0370
Nebraska	(402)471-5579	(402)471-5528	Mr. Herb Angell	

Nevada	(702)688-1542	(702)688-1551	Mr. Fred Messmann	Department of Wildlife P. O. Box 10678 Reno, Nevada 89520-0022
New Hampshire	(603)293-2037	(603)293-0096	Chief Thomas McCabe Jr.	Division of Safety Services Marine Patrol Bureau 32 Dock Road Gilford, New Hampshire 03246
New Jersey	(609)882-2000 Ext 6164	(609)882-8110	Captain Warren G. Backer	New Jersey State Police Marine Law Enforcement Bureau P. O. Box 7068 West Trenton, New Jersey 08628-0068
New Mexico	(505)827-7173	(505)827-1376	Mr. Ben Hoffacker	Energy, Minerals and Natural Resources Department Parks and Recreation Division 2040 S. Pacheco Santa Fe, New Mexico 87505
New York	(518)474-0445	(518) 486-7378	Mr. Nelson Potter	Bureau of Marine and Recreational Vehicles Building #1, 13th Floor Empire State Plaza Albany, New York 12238
North Carolina	(919)733-7191 Ext 251	(919)715-7644	Mr. Ed Jenkins	Wildlife Resource Commission Division of Enforcement 512 N. Salisbury St., Archdale Building Raleigh, North Carolina 27604-1188
North Dakota	(701)328-6327	(701)328-6352	Mr. Wilmer J. Pich	State Game & Fish Department 100 North Bismarck Expressway Bismarck, North Dakota 58501-5095
Ohio	(614)265-6476	(614)267-8883	Mr. Jeff Hoedt	Department of Natural Resources Division of Watercraft 4435 Fountain Square Drive Columbus, Ohio 43224
Oklahoma	(405)425-2143	(405)425-2894	Lieutenant Bob Sanders	Department of Public Safety Lake Patrol Division P. O. Box 11415 Oklahoma City, Oklahoma 73136-0415
Oregon	(503)373-1405 Ext 244	(503)378-4597	Mr. Paul Donheffner	State Marine Board 435 Commercial Street NE, #400 Salem, Oregon 97309
Pennsylvania	(717)657-4538	(717)657-4549	Mr. John F. Simmons	Pennsylvania Fish & Boat Commission Bureau of Boating & Education P. O. Box 67000 Harrisburg, Pennsylvania 17106-7000
Puerto Rico	(787)724-2340	(787)724-7335	Mr. Jose L. Campos	Department of Natural Resources P. O. Box 9066600 San Juan, Puerto Rico 00906
Rhode Island	(401)277-2284	(401)277-6823	Mr. Steven H. Hall	Department of Environmental Management 83 Park St. Providence, Rhode Island 02903
South Carolina	(803)762-5034	(803)762-5091	Major Alvin A. Taylor	Wildlife & Marine Resources Dept P. O. Box 12559 Charleston, South Carolina 29422
South Dakota	(605)773-4506	(605)773-6245	Mr. William Shattuck	Department of Game, Fish and Parks Foss Building - 523 East Capitol Pierre, South Dakota 57501

Tennessee	(615)781-6682	(615)781-5268	Mr. Ed Carter	Tennessee Wildlife Resources Agency Boating Division P. O. Box 40747 Nashville, Tennessee 37204-9979
Texas	(512)389-4624	(512)389-4740	Mr. Carlos Vaca	Texas Parks and Wildlife Department 4200 Smith School Road Austin, Texas 78744
Utah	(801)538-7341	(801)538-7378	Mr. Ted Woolley	Division of Parks and Recreation 1594 W North Temple Salt Lake City, Utah 84114
Vermont	(802)878-7111	(802)878-2742	Sergeant Alan F. Buck	Vermont State Police Headquarters Marine Division 565 Saint George Rd Williston, Vermont 05495
Virgin Islands	(809)776-8600	(809)776-8608	Ms. Lucia Roberts	Department of Planning & Natural Resources 396-1 Annas Retreat, Foster Plaza St. Thomas, Virgin Islands 00802
Virginia	(804)367-1189	(804)367-2966	Mrs. Nancy Jamerson	Department of Game and Inland Fisheries P. O. Box 11104 Richmond, Virginia 23230-1104
Washington	(360)902-8580	(360)753-1594	Mr. James Horan	Washington State Parks and Recreation Commission Boating Programs 7150 Cleanwater Lane (Box 42654) Olympia, Washington 98504-2654
West Virginia	(304)558-2783	(304)558-1170	LtCol William B. Daniel	Division of Natural Resources Capitol Complex Building Three 1900 Kanawha Boulevard East Charleston, West Virginia 25305
Wisconsin	(608)266-0859	(608)266-3696	Mr. William G. Engfer	Department of Natural Resources P. O. Box 7921 Madison, Wisconsin 53707
Wyoming	(307)777-4579	(307)777-4650	Mr. Russ Pollard	Game and Fish Department 5400 Bishop Boulevard Cheyenne, Wyoming 82006

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 \$500 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) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY	WATER CONDITIONS <input type="checkbox"/> CALM (WAVES LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6') <input type="checkbox"/> VERY ROUGH (GREATER THAN 6') <input type="checkbox"/> STRONG CURRENT		TEMPERATURE (ESTIMATE) AIR _____ °F WATER _____ °F	WIND <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT (0-6 MPH) <input type="checkbox"/> MODERATE (7-14 MPH) <input type="checkbox"/> STRONG (15-25 MPH) <input type="checkbox"/> STORM (OVER 25 MPH)	VISIBILITY DAY NIGHT <input type="checkbox"/> GOOD <input type="checkbox"/> <input type="checkbox"/> FAIR <input type="checkbox"/> <input type="checkbox"/> POOR <input type="checkbox"/>	
NAME OF OPERATOR			OPERATOR ADDRESS			
OPERATOR TELEPHONE NUMBER ()	DATE OF BIRTH MO DAY YR	OPERATOR'S EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> UNDER 100 HOURS <input type="checkbox"/> ≥ 100 HOURS		INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> STATE COURSE <input type="checkbox"/> U.S. POWER SQUADRON <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> AMERICAN RED CROSS <input type="checkbox"/> 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 <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> ROWBOAT <input type="checkbox"/> CANOE/KAYAK <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> OTHER (SPECIFY)		HULL MATERIAL <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> RIGID HULL INFLATABLE <input type="checkbox"/> OTHER (SPECIFY)		ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD-STERNDRIVE (I/O) <input type="checkbox"/> AIRBOAT	PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> AIR THRUST <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL	PERSONAL FLOTATION DEVICES (PFDS): WAS BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED PFDS? <input type="checkbox"/> YES <input type="checkbox"/> NO WERE PFDS ACCESSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
OPERATION AT TIME OF ACCIDENT (CHECK ALL APPLICABLE) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> DRIFTING <input type="checkbox"/> TOWING <input type="checkbox"/> BEING TOWED <input type="checkbox"/> ROWING/PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> DOCKING/UNDOCKING <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> TIED TO DOCK/MOORED <input type="checkbox"/> OTHER (SPECIFY)		ACTIVITY AT TIME OF ACCIDENT (CHECK ANY IF APPLICABLE) <input type="checkbox"/> FISHING <input type="checkbox"/> TOURNAMENT <input type="checkbox"/> HUNTING <input type="checkbox"/> SWIMMING/DIVING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> WATERSKIING/TUBING/ETC. <input type="checkbox"/> RACING <input type="checkbox"/> WHITEWATER SPORTS <input type="checkbox"/> FUELING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> NON-RECREATIONAL <input type="checkbox"/> OTHER (SPECIFY)		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC	NUMBER OF ENGINES TOTAL HORSEPOWER	FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USED? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT CONTRIBUTED TO ACCIDENT? (CHECK ALL APPLICABLE) <input type="checkbox"/> WEATHER <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> IMPROPER LOOKOUT <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> OVERLOADING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> DRUG USE <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> PASSENGER/SKIER BEHAVIOR <input type="checkbox"/> DAM/LOCK <input type="checkbox"/> OTHER (SPECIFY)
ESTIMATED SPEED <input type="checkbox"/> 10 - 20 MPH <input type="checkbox"/> NONE <input type="checkbox"/> 21 - 40 MPH		<input type="checkbox"/> UNDER 10 MPH <input type="checkbox"/> OVER 40 MPH		<input type="checkbox"/> HIT AND RUN		

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

NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DEATH CAUSED BY	<input type="checkbox"/> DROWNING <input type="checkbox"/> OTHER	<input type="checkbox"/> DISAPPEARANCE
NAME OF VICTIM		ADDRESS OF VICTIM		WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DEATH CAUSED BY	<input type="checkbox"/> DROWNING <input type="checkbox"/> OTHER	<input type="checkbox"/> DISAPPEARANCE

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

NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURY
WAS PFD WORN? AS A RESULT OF ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO AS A RESULT OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF VICTIM		ADDRESS OF VICTIM	
DATE OF BIRTH	MEDICAL TREATMENT BEYOND FIRST AID? ADMITTED TO HOSPITAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	DESCRIBE INJURY
WAS PFD WORN? AS A RESULT OF ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO AS A RESULT OF ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER PEOPLE ABOARD THIS BOAT (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)

NAME		ADDRESS	
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT? WAS IT INFLATABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME		ADDRESS	
DATE OF BIRTH	WAS PFD WORN? AS A RESULT OF ACCIDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	PRIOR TO ACCIDENT? WAS IT INFLATABLE? <input type="checkbox"/> YES <input type="checkbox"/> 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		STATE
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER ()			

PROPERTY DAMAGE

ESTIMATED AMOUNT: THIS BOAT AND CONTENTS:	OTHER BOAT(S) AND CONTENTS:	OTHER PROPERTY:
\$	\$	\$
DESCRIBE PROPERTY DAMAGED		

WITNESSES NOT ON THIS VESSEL

NAME	ADDRESS	TELEPHONE NUMBER ()
NAME	ADDRESS	TELEPHONE NUMBER ()

PERSON COMPLETING REPORT

NAME	ADDRESS	TELEPHONE NUMBER ()
SIGNATURE	QUALIFICATION <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER	DATE SUBMITTED

FOR AGENCY USE ONLY

CAUSES BASED ON (CHECK ONE): <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER		
NAME OF REVIEWING OFFICE	DATE RECEIVED	RECREATIONAL <input type="checkbox"/> NON-REPORTABLE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>
PRIMARY CAUSE	SECONDARY CAUSE	

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.)



U.S. Coast Guard

Infoline

- *To Report Possible Safety Defects in Boats*
- *For Boating Safety Recall Information*
- *For Answers to Boating Safety Questions*
- *To Comment on USCG Boarding Procedures*

• *Call, Toll Free!*

800-368-5647

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