

ESTIMATED PROPERTY DAMAGE			
TOTAL ESTIMATED AMOUNT \$	BOAT AND CONTENTS \$	OTHER BOAT(S) AND CONTENTS \$	OTHER PROPERTY \$
INJURED (If more than 2 injured, attach additional forms)			
NAME OF INJURED		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date
ADDRESS			TELEPHONE NUMBER
			WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No		DESCRIBE NATURE AND EXTENT OF INJURY	
ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF INJURED		<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date
ADDRESS			TELEPHONE NUMBER
			WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> Yes <input type="checkbox"/> No		DESCRIBE NATURE AND EXTENT OF INJURY	
ADMITTED TO HOSPITAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DECEASED or DISAPPEARED (If more than 2 fatalities, attach additional forms)			
NAME OF VICTIM		VICTIM ADDRESS	
		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BIRTH DATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	CAUSED BY? <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe) _____	
NAME OF VICTIM		VICTIM ADDRESS	
		WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BIRTH DATE	<input type="checkbox"/> Male <input type="checkbox"/> Female	CAUSED BY? <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Unknown <input type="checkbox"/> Other (describe) _____	
BOAT NO. 1 (Reporting vessel)			
NAME OF OPERATOR		OPERATOR ADDRESS	
<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH Mo Day Year	OPERATOR'S EXPERIENCE <input type="checkbox"/> None <input type="checkbox"/> Under 100 hours <input type="checkbox"/> Over 100 hours	INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> State course <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None
OPERATOR TELEPHONE NUMBER			
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No
BOAT REGISTRATION OR DOCUMENTATION NUMBER		STATE	HULL IDENTIFICATION NUMBER
		BOAT NAME	
BOAT MANUFACTURER		LENGTH	BEAM
		DRAFT	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 (PWC) <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"/> None
		FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail
		NUMBER OF ENGINES MANUFACTURER	PERSONAL FLOTATION DEVICES (PFDs): Was boat adequately equipped with Coast Guard approved PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Were PFDs worn? <input type="checkbox"/> Yes <input type="checkbox"/> No
		TOTAL HORSEPOWER	FIRE EXTINGUISHERS ON BOARD? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? ____ Type ____ USED? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? ____ Type ____
BOAT NO. 2 (If more than 2, attach additional forms)			
NAME OF OPERATOR		OPERATOR ADDRESS	
OPERATOR TELEPHONE NUMBER		BOAT REGISTRATION OR DOCUMENTATION NUMBER	
NAME OF OWNER		OWNER ADDRESS	
OWNER TELEPHONE NUMBER	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED	
† @V-00-0 @			
NAME	ADDRESS	TELEPHONE NUMBER	
NAME	ADDRESS	TELEPHONE NUMBER	
SIGNATURE OF PERSON COMPLETING REPORT			DATE

ADDITIONAL SPACE PROVIDED FOR FURTHER ACCIDENT DESCRIPTION