

STATE OF CONNECTICUT DEPARTMENT OF ENERGY & ENVIONMENTAL PROTECTION BUREAU OF OUTDOOR RECREATION

BOATING DIVISION

P.O. BOX 280, 333 FERRY ROAD OLD LYME, CT 06371-0280 W: 860-434-8638, F: 860-434-3501

	Page 1 of
PD Case No.	
<u>Department</u>	

																				REV 9/16
						9	SUMN	MARY OF	INVEST	IG/	ATION									
DATE OF ACCIDE	NT TIME	TOWN	OF INCIDE	NT				BODY OF W	/ATER											
COUNTY	•	STATE	EXACT	LOCATIO	N															
		СТ																		
NO. OF VESSELS	NO. OF DEATHS	NO. OF	INJURIES			Degre		utes, Second					- 1	OORDINA	TES (GPS		-	Decima	l Minute	
								N	°			_ "W	-		<u> </u>	' N			<u> </u>	'W
ALCOHOL USE	USED BY			DRUG	JSE	USE	ED BY				PRIMAR'	Y CAUSE (OF AC	CIDENT (f	rom pg 3)			L DAM	AGE	
																	\$			
INVESTIGATOR N	OTIFIED BY	NOTIFY	'ING DEPA	RTMENT	/ AGENCY	1		NOTIFIED D	DATE	TIM	IE	TIME	ON S	CENE	DAY OF	WEEK				
							NFO	RCEMENT	ACTIC	N	TAKEN	(For r	multip	ole charge	s for an in	dividua	l, list mo	st serio	us charg	e first.)
STATUS				STA	TUTE #		OFFE	ENSE								TYPE				
NAME																				
STATUS				STA	TUTE #		OFFE	ENSE								TYPE				
NAME																				
STATUS				STA	TUTE #		OFFE	ENSE								TYPE				
NAME																				
						VE	ESSEL	S INVOL	/ED IN	AC	CIDEN	IT (T	o reco	ord more t	than two v	essels ι	use 'Addi	tional \	/essel' pa	age.)
		/ESSE	L #										VE	SSEL#	<u> </u>					
			OR INFOR	MATION										OPERATO		MATION	1			
LAST NAME		F	IRST NAM	ΙE				IS OWNER?	LAST NA	ME				FI	RST NAMI	E				IS OWNER?
ADDRESS (Street,	Town, State, Zip C	iode)							ADDRES	S (St	reet, To	wn, State,	, Zip C	Code)						
WORK ADDRESS									WORK A	DDR	ESS									
DUONE NUMBER			luor	N/ B/ I G N					DUIGNE		255				lwon					
PHONE NUMBER			WOF	RK PHONI	Ė				PHONE	NUM	IBEK				WOR	K PHON	IE			
D.O.B.	AGE SEX		CDC	/ CDMO 4	1				D.O.B.			AGE	SEX		CDC /	CPWO	ш			
D.O.B.	AGE SEX		SBC	/ CPWO #	Ŧ				D.O.B.			AGE	SEX		SBC /	CPWO	#			
ROATING EYDERI	NCE (THIS BOAT)		ROA	TING EYE	PERIENCE (OTH	ED ROAT	TC)	BOATING	C EVI	DEDIENIC	E /THIS B	OAT)		ROA7	TING EY	PERIENCI	E (OTH	ER ROAT	<u>C)</u>
DOATING EXI ENIL	LIVEL (THIS BOAT)		BOA	TING EXI	LINEL	(01111	LINDOA	13)	DOATIIN	J LAI	LINEINC	.L (11113 D	OAI)		BOAT	III LX	LINEINC	L (OIII	LINDOAT	3)
BOATING EDUCA	TION		OTH	FR					BOATING	G FD	UCATIO	N			OTHE	R				
507111110 250 671											0 0, 1110	.,								
OTHER BOATING	ACCIDENT(S)		DISA	BILITY		ON	MEDICA	ATION	OTHER E	BOAT	ING AC	CIDENT(S))		DISA	BILITY		ON	MEDICA	TION
	(-,											()								
HAS BEEN DRINKI	NG ALCOHOL	L	 JNDER TH	E INFLUE	NCE BLO	OD AI	LCOHO	L CONTENT	HAS BEE	N DF	RINKING	ALCOHO)L		UNDER	THE INF	LUENCE	BLOOI	D ALCOH	IOL CONTENT
DRUG INDICATOR	₹		DRU	G TYPE					DRUG IN	IDICA	ATOR				DRUG	3 TYPE				
WEARING PFD			USIN	IG SAFET	Y LANYAR	RD			WEARIN	G PF	D				USIN	G SAFE	TY LANYA	ARD		
CASE STATUS																				
INVESTIGATOR'S I	NAME			l _F	BADGE NO). Jr	DATE		SUPERVI	SOR'	'S NAMF						BADGE N	10.	DATE	
					0	[
INVESTIGATOR'S	SIGNA I UKE								SUPERVI	SUR'	5 SIGNA	NIUKE								
				1		- 1			1											

							VESSELS	S INVOL	VED IN ACCID	ENT (C	ontinu	ued)					
		V	ESSEL#								V	ESSEL#					
			OWNER INI									OWNER INF					
LAST NAME				FIRST N	AME				LAST NAME				FIRST N	IAME			
ADDRESS (Street, 1	Γown, State,	Zip Co	ode)						ADDRESS (Street, 1	Γown, State,	Zip Co	ode)					
WORK ADDRESS									WORK ADDRESS								
PHONE NUMBER				WORK F	PHONE				PHONE NUMBER				WORK	PHONE			
RELATIONSHIP TO	OPERATOR			RENTEC	BOAT				RELATIONSHIP TO OPERATOR RENTED BOAT								
IF YES, LIST RENTE	R								IF YES, LIST RENTEI	R							
			VESSEL INF	ORMATI	ION							VESSEL INF					
REGISTRATION NO). STATI	E	HULL IDENT	TFICATIO	ON NO.				REGISTRATION NO	. STATI	E	HULL IDENT	IFICATION	ON NO.			
VESSEL MAKE		VESS	EL MODEL		VESSEL	NAME			VESSEL MAKE		VESS	EL MODEL		VESSEL N	NAME		
VESSEL TYPE				OTHER					VESSEL TYPE				OTHER				
HULL MATERIAL				OTHER					HULL MATERIAL				OTHER				
YEAR VESSEL BUIL	T LENGTH			BEAM (\	WIDTH)	[DRAFT (DEPTI	H)	YEAR VESSEL BUIL	T LENGTH			BEAM (WIDTH)		DRAFT (DEPTH))
NO. ENGINES	ENGINE DRI	Ft.		FUEL	Ft.	In.	Ft.	ln.	NO. ENGINES	ENGINE DRI	Ft.		FUEL	Ft.	In.	Ft.	ln.
ENGINE MAKE		l vr	EAR ENGINE E	1 III = 1 E	NCINELLE		TOTAL H.P		ENGINE MAKE		l vr	AD ENGINE		NCINE II D		TOTAL H.P.	
						H.P.		H.P.				EAR ENGINE B			H.P.		H.P.
CAPACITY PLATE	INFO: MAX	(PERS	ONS MAX		S MAX OS.		мах н. bs.	.P. H.P.	CAPACITY PLATE	INFO: MAX	(PERS	ONS MAX		s max bs.		MAX H.P. bs.	H.P.
			SURANCE - S	AFETY D	EVICES							SURANCE - S	AFETY [DEVICES			
PRESENT LOCATIO	IN OF VESSE	L							PRESENT LOCATIO	N OF VESSE	:L						
WHERE RECOVERE	D								WHERE RECOVERE	D							
INSURANCE COMP	PANY			POLICY	NUMBER				INSURANCE COMP	PANY			POLICY	NUMBER			
NO. LIFE JACKETS	ON BOARD	USCO	APPROVED	WER	E THEY US	SED W	ERE THEY AC	CESSIBLE	NO. LIFE JACKETS (ON BOARD	USCO	APPROVED	WEF	RE THEY US	ED W	ERE THEY ACC	ESSIBLE
VESSEL SAFETY CH	IECK WITHIN	I PAST	YEAR OF	RGANIZA	TION CON	IDUCTIN	IG V.S.C.		VESSEL SAFETY CH	IECK WITHIN	N PAST	YEAR OF	GANIZA	ATION CON	IDUCTIN	IG V.S.C.	
REQUIRED SAFETY	'EQUIPMEN'	T ON E	BOARD? NO	D. FIRE EX	KTINGUISH	HERS N	NO. USED T	YPE	REQUIRED SAFETY	EQUIPMEN	T ON E	BOARD? NO). FIRE E	XTINGUISH	HERS N	NO. USED TY	PE
											P	PASSENGER II	NFORM	ATION			
For additional pass	sengers on t	his ve	ssel, use the						For additional pass	sengers on t			able on	page 7.			
LAST NAME				FIRST N	AME				LAST NAME				FIRST N	IAME			
ADDRESS (Street, 1	Γown, State,	Zip Co	ode)				WEARIN	NG PFD	ADDRESS (Street, 1	Γown, State,	Zip Co	ode)				WEARING	G PFD
PHONE NUMBER			WORK PHO	NE			D.O.B.		PHONE NUMBER			WORK PHOI	NE			D.O.B.	
INVESTIGATOR'S S	IGNATURE	_			BADO	GE NO.	DATE		SUPERVISOR'S SIGI	NATURE	_		_	BADO	SE NO.	DATE	

						· · · · · · · · · · · · · · · · · · ·	rag	gc 5 01		
		F	ACCIDEN	IT DETAILS						
		ENV.	PONMENT	AL CONDITIONS						
WEATHER	WATER CONDITIONS		CURRENT	CONGESTED WATI	ERS H	HAZARDOUS WATERS (e.g. Ra	oid Tidal Flows, Current	s, etc.)		
WIND	VISIBILITY	TIME OF DAY	WEATHER I	ENCOUNTERED	-	AIR TEMPERATURE (EST)	WATER TEMPERA	ATURE (EST) of		
			TYPE OF A	CCIDENT						
Sinking Grounding Capsizing Flooding/Sv Sudden Me	Skier/Tuber M Fall in/on Boa	t Fire / E d Electro d Carbon Exposs	explosion explosion ocution n Monoxidure (specify)	(Other)	Str	rson Struck by Boat ruck by Propeller rson Leaves a Vessel IKNOWN				
		CAUSE(S) OF	ACCIDENT -	- Investigator's Opii	nion					
NUMBER IN ORDER OF P Alcohol Use Drug Use Dam / Lock Heavy Weather Hull Failure Force of Wake Engine Electric Fuel Sy	Hazardous Wate Excessive Speed Starting in Gear Language Barrie Sharp Turn Wave Machinery Fai Steering al Equipment Throttle	Imprope	r Anchorid On-baord Inadeq. A Decify)	Nav. Lights aids to Nav.	I I I	Fire I	Overloading Improper Loa Navigation R Standing / Si Transom or C Ignition of Fu Dard Lights Extinguisher liary Equipment	tule Violation tting on Bow, Gunwale		
		tress Signal		Other						
	VESSEL #			VESSEL #						
CHECK ALL THAT APPLY	VESSEL ACTIVITY AT TIME OF	ACCIDENT	C	HECK ALL THAT APP		VESSEL ACTIVITY AT TIME OF	ACCIDENT			
Fueling Fishing Tournament Hunting Racing	Making Repairs Starting Engine Relaxing Commercial Other:	Whitewater Activity Waterskiing / Tubin Swimming / Diving Scuba Diving / Sno	/ []] [Fueling Fishing Tournament Hunting Racing	: [Making Repairs Starting Engine Relaxing Commercial Other:	Whitewater Act Waterskiing / Tu Swimming / Div Scuba Diving /	ubing		
CHECK ALL THAT APPLY	VESSEL OPERATION AT TIME C	OF ACCIDENT	C	HECK ALL THAT APF		ESSEL OPERATION AT TIME C	OF ACCIDENT			
Cruising Rowing / Padd Sailing Docked / Moor	Changing Direction Drifting At Anchor Launching Other:		Vessel [cocking [cocking [Cruising Rowing / Pad Sailing Docked / Mo Changing Sp	ddling oored oeed	At Anchor Launching Other:	Being Towe Docking/U Commercia	ndocking al		
ESTIMATED SPEED AT TI	ME OF ACCIDENT AND ATTITUDE A /	AT TIME OF ACCIDENT	E:	STIMATED SPEED AT	I TIME C	OF ACCIDENT AND ATTI /	TUDE AT TIME OF ACCID	DENT		
,	OR					OR				
INVESTIGATOR'S SIGNAT	TURE BAD	OGE NO. DATE	SI	UPERVISOR'S SIGNA	TURE		BADGE NO. DAT	Ē		

INJURED - MISSING - DECEASED

TO RECORD ADDITIONAL VICTIMS USE THE 'ADDITIONAL INJURED - MISSING - DECEASED' PAGE.

				VICTIM 1						VICTIM 2		
VICTIM'S LAST NAI	ME			VICTIM'S	FIRST NAME		VICTIM'S LAST NA	ME		VICTIM'	S FIRST NAM	E
ADDRESS (Street,	Town, State	e, Zip Co	ode)				ADDRESS (Street,	Town, State	, Zip Code)	<u> </u>		
WORK ADDRESS							WORK ADDRESS					
PHONE NUMBER				WORK PI	HONE		PHONE NUMBER			WORK F	PHONE	
D.O.B.	AGE	SEX		STATUS		ONBOARD VESSEL	D.O.B.	AGE	SEX	STATUS	;	ONBOARD VESSEL
RECEIVED TREATMENT BEYOND FIRST AID HOSPITALIZED				RECEIVED TREATMENT BEYOND FIRST AID HOSPITALIZED								
NATURE OF PRIMARY INJURY NAT			NATURE	NATURE OF SECONDARY INJURY			NATURE OF PRIMARY INJURY				ARY INJURY	
BODY PART OF MOST SERIOUS INJURY CAUSE OF INJURY				BODY PART OF M	OST SERIOU	S INJURY	CAUSE	OF INJURY				
CAUSE OF DEATH			OTHER	<u> </u>			CAUSE OF DEATH	l	ОТН	ER		
VICTIM TAKEN TO	(e.g. Hospi	ital Nan	ne) [BY (e.g. Name	of Ambulance	e, Med Examiner, etc.)	VICTIM TAKEN TO	(e.g. Hospi	tal Name)	BY (e.g. Name	of Ambulan	ce, Med Examiner, etc.)
PHYSICIAN			\	VICTIM'S INVO	_VMENT (e.g.	Skier, Passenger, etc)	PHYSICIAN			VICTIM'S INVO	DLVMENT (e.g	ı. Skier, Passenger, etc)
ALCOHOL / DRUG USE UNDER THE INFLUENCE B.A.C. VICTIM SWIMMING ABIL		VICTIM SWIMMING ABILITY	ALCOHOL / DRUG	USE	UNDER TH	E INFLUENCE	B.A.C.	VICTIM SWIMMING ABILITY				
WAS PFD WORN	TYPE OF PI	FD	PFD PE	ERFORMANCE	PF	O COMMENTS	WAS PFD WORN	TYPE OF PF	D PFD	PERFORMANCE	PI	D COMMENTS
						VICTIM COMME	NT/STATEMENT					

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

\$ \$ \$ QUIPMENT DAMAGE MACHINERY DAMAGE HULL DAMAGE \$ \$ \$ MACHINERY DAMAGE \$ \$ \$	PHOTOS TAKEN HULL DAMAGE
TOTAL DAMAGE AMOUNT WAS VESSEL TOTAL LOSS? PHOTOS TAKEN TOTAL DAMAGE AMOUNT WAS VESSEL TOTAL LOSS? \$ \$ \$ \$ \$ \$ \$ \$ \$	HULL DAMAGE
\$ \$ \$ QUIPMENT DAMAGE MACHINERY DAMAGE HULL DAMAGE EQUIPMENT DAMAGE MACHINERY DAMAGE \$ \$ \$	HULL DAMAGE
EQUIPMENT DAMAGE MACHINERY DAMAGE HULL DAMAGE EQUIPMENT DAMAGE MACHINERY DAMAGE \$ \$ \$ \$	
\$ \$ \$ \$ \$	
	1 1
DESCRIBE DAMAGE TO VESSEL DESCRIBE DAMAGE TO VESSEL	\$
DAMAGE TO OTHER PROPERTY (NON VESSEL)	
DAMAGE AMOUNT OWNER OF PROPERTY ADDRESS	PHONE NUMBER
\$	
DESCRIPTION OF DAMAGE	
DAMAGE AMOUNT OWNER OF PROPERTY ADDRESS	PHONE NUMBER
	FINOINE INDIVIBER
\$ DESCRIPTION OF DAMAGE	
ASSANI HONOI DANNAE	
WITNESSES	
REFER TO REPORT NARRATIVE FOR STATEMENTS AND INFORMATION PROVIDED BY WITNESSES	
WITNESS 1 ACT NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME	E
AST NAME FIRST NAME LAST NAME FIRST NAM	С
ADDRESS (Street, Town, State, Zip Code) ADDRESS (Street, Town, State, Zip Code)	
, , , , , , , , , , , , , , , , , , , ,	
PHONE NUMBER WORK PHONE PHONE NUMBER WORK PHO	DNE
NVOLVMENT INVOLVMENT	
WITNESS 3 WITNESS 4	-
LAST NAME FIRST NAME LAST NAME FIRST NAM	Ł
ADDDESS (Street Transfer of the Transfer of th	
ADDRESS (Street, Town, State, Zip Code) ADDRESS (Street, Town, State, Zip Code)	
DHONE NUMBER WORK BLOOKE NUMBER WORK BLOOKE	ANIE
PHONE NUMBER WORK PHONE PHONE NUMBER WORK PHO	INE
ANI/OLVA/PAT	
INVOLVMENT INVOLVMENT	

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

DIAGRAM OF ACCIDENT

THIS PAGE WILL HAVE TO BE FILLED OUT BY HAND AFTER PRINTING THE DOCUMENT

Indicate the location of each person on board each vessel involved.

Vessel 1 Vessel 2 Vessel 3 Vessel 4

Diagram (For collisions show direction of travel for each vessel involved before, at and after impact.)



		LAW ENFORCE	/IENT / EM	ERGENCY PER	SON	NEL FROM OTHER AG	ENCIES INVOLVED		
	RANK / NAME		I.D.	DATE			AGENCY		
					AL P		ed from page 2 if necessary		
VESSEL#	LAST NAME	FIRST NAME	PFD?	D.O.B.		STREET	TOWN / CITY	STATE	PHONE NUMBER
INIVECTICATE	ODIC CICNATURE	<u> </u>	DADCENIC	DATE	l Ic	IDEDVICADIC CICALATURE	I	DADCENC	DATE
INVESTIGATO	OR'S SIGNATURE		BADGE NO.	DATE	الحا	IPERVISOR'S SIGNATURE		BADGE NO.	DATE

ACCIDENT NARRATIVE

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

ADDITIONAL PAGES

If your investigation requires any additional page(s), please select from the following and add to your report:

Additional Narrative (2 extra pages)
 Additional Injury - Missing - Deceased (1 extra page)
 Additional Vessel (2 extra pages)

*Page numbers in this section are left blank.
*Any un-used pages should be discarded after printing.

Note: If your report still requires additional pages (i.e. a fourth narrative page) you will need to open a new, blank document and use the blank *additional pages* in that document. Remember to save this document as well. Print and add to your report.

ACCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

ACCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

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						ADD	ITIONAL INJURED	- MISSING - DE	CEASED	(Contin	nued from page 4	1.)						
VICTIM LAST NAMI	VICT	FIM 3 VICTIM FI	IDCT NIAM	ıc.		VICTIM LAST NAM		VICTIM 4	TIM 4 VICTIM FIRST NAME									
VICTIVI LAST NAIVII		VICTIME	INDI INDI	IC.		VICTIVI LAST NAIVI			VICTIM	LINDI IVAIVIL	-							
ADDRESS (Street, T	Γown, State,	Zip Code)					ADDRESS (Street,	Town, State	e, Zip Code)								
PHONE NUMBER				WORK PH	HONE			PHONE NUMBER			WORK P	WORK PHONE						
D.O.B.		STATUS		0	NBOARD VESSEL	D.O.B.	SEX	STATUS	STATUS ONBOARD VESSEL									
RECEIVED TREATM	ID	HOSPITA	LIZED			RECEIVED TREATM	 IENT BEYOI	 ND FIRST AID) HOSPITA	HOSPITALIZED								
NATURE OF PRIMA	RY INJURY			NATURE	OF SECO	NDARY II	NJURY	NATURE OF PRIMA	ARY INJURY	,	NATURE	NATURE OF SECONDARY INJURY						
BODY PART OF MC	OST SERIOUS	INJURY		CAUSE O	F INJURY			BODY PART OF MO	OST SERIOU	JS INJURY	CAUSE	CAUSE OF INJURY						
CAUSE OF DEATH		ОТ	HER					CAUSE OF DEATH		OTH	IER		nbulance, Med Examiner, etc.)					
VICTIM TAKEN TO	(e.g. Hospita	al Name)	BY (e.	.g. Name o	of Ambula	nce, Me	d Examiner, etc.)	VICTIM TAKEN TO	(e.g. Hospi	ital Name)	BY (e.g. Name	of Ambular	nce, Med Examiner, et	.c.)				
PHYSICIAN			VICTII	M'S INVOL	VMENT (e.g. Skier	r, Passenger, etc)	PHYSICIAN		VICTIM'S INVO	FIM'S INVOLVMENT (e.g. Skier, Passenger, etc)							
ALCOHOL / DRUG	HE INFLU	JENCE	B.A.C.	VICT	IM SWIMMING ABILITY	ALCOHOL / DRUG USE UNDER THE INFL			 E INFLUENCE	UENCE B.A.C. VICTIM SWIMMING ABILI								
WAS PFD WORN	TYPE OF PFI	D PF	D PERFOR	RMANCE		PFD CO	MMENTS	WAS PFD WORN	TYPE OF P	FD PFD	PERFORMANCE	F	PFD COMMENTS					
			VICT	TIM 5							VICTIM 6							
VICTIM LAST NAMI	E			VICTIM F	IRST NAM	IE		VICTIM LAST NAM	E		VICTIM	FIRST NAME						
ADDRESS (Street, 1	Town, State,	Zip Code)					ADDRESS (Street,	Town, State	e, Zip Code)								
HOME PHONE				WORK PH	JONE			HOME PHONE			WORK P	HONE						
HOWE PHONE				WORKFI	IONE			HOME PHONE			WORK	HONE						
D.O.B.	AGE	SEX		STATUS		0	NBOARD VESSEL	D.O.B.	AGE	SEX	STATUS	STATUS ONBOARD VESSEL						
RECEIVED TREATM	ENT BEYON	L D FIRST A	ID	HOSPITA	LIZED			RECEIVED TREATMENT BEYOND FIRST AID HOSPITALIZED										
NATURE OF PRIMA	RY INJURY			NATURE	OF SECO	NDARY II	NJURY	NATURE OF PRIMA	,	NATURE	NATURE OF SECONDARY INJURY							
BODY PART OF MC		CAUSE O	F INJURY			BODY PART OF MO	OST SERIOU	JS INJURY	CAUSE	CAUSE OF INJURY								
CAUSE OF DEATH		ОТ	HER					CAUSE OF DEATH		OTH	IER							
VICTIM TAKEN TO	(e.g. Hospita	al Name)	BY (e.	.g. Name o	of Ambula	ance, Me	d Examiner, etc.)	VICTIM TAKEN TO	(e.g. Hospi	ital Name)	BY (e.g. Name	of Ambular	nce, Med Examiner, et	:c.)				
PHYSICIAN	VICTII	M'S INVOL	VMENT (e.g. Skier	r, Passenger, etc)	PHYSICIAN		VICTIM'S INVO	IM'S INVOLVMENT (e.g. Skier, Passenger, etc)									
ALCOHOL / DRUG USE UNDER THE INFLU			HE INFLU	JENCE B.A.C. VICTIM SWIMMING ABILITY				ALCOHOL / DRUG USE UNDER THE INFLI			IE INFLUENCE	LUENCE B.A.C. VICTIM SWIMMING ABILITY						
WAS PFD WORN	TYPE OF PFI	D PF	D PERFOR	RMANCE		PFD CO	MMENTS	WAS PFD WORN	TYPE OF P	FD PFD	PERFORMANCE	I F	PFD COMMENTS					
								<u> </u>	<u> </u>									
INVESTIGATOR'S SI	IGNATURE				BADG	iE NO.	DATE	SUPERVISOR'S SIG	NATURE			BADGE	NO. DATE					

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

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						ΑD	DDITIONA	L VESSEL(S)	(Cont	inued from page	2)				
VESSEL#															
						(NFORMATION							
LAST NAME FIRST NAME							ADDRESS (S	itreet, Town, State,	, Zip Code)				IS OWNER?		
WORK ADDRESS								PHONE NUMBER			WORK PH	WORK PHONE			
D.O.B.	AGE SEX SBC / CPWO #							BOATING EXPERIE	ENCE (THIS BO	DAT)	BOATING	BOATING EXPERIENCE (OTHER BOATS)			
													Tax		
BOATING EDUCATION				OTHER				OTHER BOATING	ACCIDENT(S)		DISABILIT	Υ	ON MEDICA	ATION	
HAS BEEN DRINKING ALCOHOL UNDER THE INFLUENCE BLOOD ALCOHO							TENT (B.A.C.)	DRUG INDICATOR	?		DRUG TYF	PE			
WEARING PFD USING SAFETY LANYARD															
LACTNAME				FIRST NAMI			OWNER IN	ADDRESS (Street,	Taura Ctata	Zin Cada)					
LAST NAME				FIKST NAMI	Ξ.			ADDRESS (Street,	rown, State,	Zip Code)					
WORK ADDRESS								PHONE NUMBER WORK PHONE							
RELATIONSHIP TO OPE	RATOR			RENTED BO	AT	IF YE	S, LIST RENTE	R							
							VESSEL INF	ORMATION							
REGISTRATION NO.	STATE	HULL	IDENT	TFICATION N	IO.			VESSEL MAKE			VESSEL M	ODEL			
VESSEL NAME VESSEL TYPE OTHER								HULL MATERIAL			OTHER I	JIHER			
YEAR VESSEL BUILT L	ENGTH			BEAM (WID	TH) C	RAFT (DEI	PTH)	CAPACITY PLATE	INFO: MAX	PERSONS MA	X PERS LBS	MAX LBS	MAX	H.P.	
		Ft.	ln.	Ft	. In.	Ft	In.			1	Lbs	5.	Lbs.	H.P.	
NO ENGINES ENG	SINE TYPE	<u> </u>		FUEL	PROPUI	SION	'	ENGINE MAKE YEAR ENGINE B			BUILT ENG	UILT ENGINE H.P. TOTAL H.			
												H.P. H.P.			
PRESENT LOCATION O	F VESSEL					IN.	ISURANCE - S	AFETY DEVICES WHERE RECOVER	FD						
THESELVI EGG/MOIV G								WHERE RECOVER							
INSURANCE COMPANY POLICY NUMBER								NO. LIFE JACKETS	ON BOARD	USCG APPROVE	D WERE	THEY USED	WERE THEY	ACCESSIBLE	
I															
VESSEL SAFETY CHECK WITHIN PAST YEAR ORGANIZATION CONDUCTING V.S.C.								REQUIRED SAFET	Y EQUIPMEN ⁻	FON BOARD?	NO. FIRE EXT	INGUISHERS	NO. USED	TYPE	
	_	_	-	_	_	VESSI	EL ACTIVITY	AT TIME OF ACCID	ENT		_	_			
CHECK ALL THAT APPL				_	_						_	_			
Fueling	Makir	ng Repair	s	Tourna	ment	Huntin	ıg 💹 W	hitewater Spor	rts	Racing		Other:			
Fishing	Starti	ng Engine	e [Comm	ercial 🗌	Relaxin	ng 🗌 Sc	uba / Snorkelir	ng 🗌	Swimming / [Diving _	Waterskii	ng / Tubir	ng	
CHECK ALL THAT APPL	_Y					VESSEL	L OPERATION	I AT TIME OF ACCI	DENT						
Cruising		ng / Padd	ling	Drift	ing	Changi	ing Directi	on Towi	ing	Oth	er:				
Sailing	Docke	ed / Moor	ed	At A	nchor 🗌	Changi	ing Speed	Bein	g Towed	Cor	nmercial		Launchin	g	
				TIME OF ACC			-				E TO VESSEL				
ESTIMATED SPEED AT	TIME OF	ACCIDENT	/	/	DE AT TIME OF	ACCIDENT	I	TOTAL DAMAGE	AMOUNI	MACHINERY DA \$	MAGE	HULL DA			
			0	K				⇒ EQUIPMENT DAM	IAGE	VESSEL TOTAL I	OSS?	\$ PHOTOS TA			
								\$	-				•		
List	any p	assenge	rs on	this ves	sel on pag	e 7.		DESCRIBE DAMAG	GE TO VESSEL						
INIVECTIC ATODIC CIC:	ATURE				DADCENC	DATE		CUDED #CODIS 5:3	CNIATURE			DADCENS	DATE		
INVESTIGATOR'S SIGNA	HIUKE				BADGE NO.	DATE		SUPERVISOR'S SIG	JINA I UKE			BADGE NO.	. DATE		

INVESTIGATOR'S BOATING ACCIDENT REPORT (BAR)

Page of

					ADD	OITIONA	L VESSEL(S)	(Cont	inued from page	2.)				
VESSEL#														
LACTNAME		FIDC	T NIA NAE				IFORMATION	7: C. I.)					IS OWNEDS	
LAST NAME		FIKS	TNAME		l ^A	DDKE22 (2	S (Street, Town, State, Zip Code)							
WORK ADDRESS	PHONE NUMBER			WORK PHO	NF									
WOMENDONESS							THORE NOMBER			Workking				
D.O.B.	O.B. AGE SEX SBC / CPWO #							NCE (THIS B	OAT)	BOATING E	BOATING EXPERIENCE (OTHER BOATS)			
ı											,			
BOATING EDUCATION	l .		OTHER				OTHER BOATING	ACCIDENT(S)		DISABILITY	T.	ON MEDICA	TION	
			1											
HAS BEEN DRINKING	ALCOHO	L UNDER THE II	NFLUENCE	BLOOD ALCOH	HOL CONTEN	NT	DRUG INDICATOR			DRUG TYPE	DRUG TYPE			
WEARING PFD	USING	SAFETY LANYAR						-						
LAST NAME			FIRST NAMI		0	WNER INF	ORMATION ADDRESS (Street,	Town State	Zin Codo)					
LAST NAME			FINST NAME	-			ADDRESS (Street,	TOWII, State,	Zip Code)					
WORK ADDRESS							PHONE NUMBER			WORK PHO	NF			
RELATIONSHIP TO OP	ERATOR		RENTED BO	AT	IF YES, L	IST RENTE	R							
					V	ESSEL INF	ORMATION							
REGISTRATION NO.	STATI	HULL IDEN	ITIFICATION N	IO.			VESSEL MAKE			VESSEL MO	DEL			
VESSEL NAME		VESSEL TYPE		OTHER			HULL MATERIAL			OTHER				
VEAD VECCEL DINIT	FNCTU		DEAM (MID)	TID DI	DAFT (DEDTI	IN.	CADACITY DI ATE	INIEO: MAN	A DEDCONIC MAA	V DEDC LBC	MAYIDO	MAN	LLD	
YEAR VESSEL BUILT	LENGIH	Et lo	BEAM (WID		RAFT (DEPTI		CAPACITY PLATE	INFO: MA	R PERSONS IMA	X PERS LBS	MAX LBS	MAX		
NO ENGINES EN	GINE TYP	Ft. In.	FUEL	. In. PROPUL	Ft.	ln.	ENGINE MAKE		YEAR ENGIN	Lbs.		bs.	H.P.	
INO ENGINES	GIIVE I II	_	I OLL	I NOI OL	51014		LINGINE WINKE		TEAN EIVON	L BOILT LIVE	H.P. H.P.			
					INSU	RANCE - S	AFETY DEVICES				1 1.1 .		1 1.1 .	
PRESENT LOCATION C	OF VESSE	L					WHERE RECOVERE	D						
INSURANCE COMPAN	IY		POLICY NUI	MBER			NO. LIFE JACKETS	ON BOARD	USCG APPROVE	D WERE TH	HEY USED W	/ERE THEY A	ACCESSIBLE	
VESSEL SAFETY CHECK WITHIN PAST YEAR ORGANIZATION CONDUCTING V.S.C.							REQUIRED SAFETY	/ EQUIPMEN	T ON BOARD?	NO. FIRE EXTIN	IGUISHERS	NO. USED	TYPE	
					VECCEI	A CTU/ITV	TTIME OF ACCID	FAIT						
CHECK ALL THAT APP	LY				VESSEL	ACTIVITY	AT TIME OF ACCID	ENI						
Fueling	Maki	ng Repairs [Tourna	ment	Hunting	☐ WI	nitewater Activ	vity 🗌	Racing		Other:			
Fishing	Start	ing Engine [Comme	ercial 🗍	Relaxing	☐ Sc	uba / Snorkelir	na 🗆	Swimming /	Divina 🗌	Waterskiin	a / Tubir	ıa	
		3 3 - [AT TIME OF ACCI		<u> </u>	<u> </u>		J	<u> </u>	
CHECK ALL THAT APP														
Cruising	Rowi	ng / Paddling	Drift	ing	Changing	g Directi	on Towi	ng	Oth	ner:				
Sailing	Dock	ed / Moored	At Aı	nchor 🗌	Changing	g Speed	Being	g Towed	Cor	mmercial	L	aunchin	g	
		VESSEL SPEED AT								E TO VESSEL	1			
ESTIMATED SPEED AT	TIME OF	F	NIND/	DE AT TIME OF A	ACCIDENT		TOTAL DAMAGE A	AMOUNT	MACHINERY DA	MAGE	HULL DAI	MAGE		
			OR				\$	ACE	\$	1000	\$ IDHOTOS TAK	/ENI		
							EQUIPMENT DAM	AGE	VESSEL TOTAL	LU33!	PHOTOS TAK	NEIN .		
Lis	t any p	assengers o	n this ves	sel on page	e 7.		\$ DESCRIBE DAMAGE TO VESSEL							
		-					DESCRIBE DAMAC	ic io acooel	-					
INVESTIGATOR'S SIGN	IATURE			BADGE NO.	DATE		SUPERVISOR'S SIG	INATURE			BADGE NO.	DATE		
				1										