

Important Information for anyone using a kayak, canoe, stand up paddleboard or other manually propelled boat.

Manually propelled boating activities such as rowing, stand up paddleboarding (SUP), canoeing and kayaking are rapidly evolving. It seems that new styles of these boats and ways to enjoy them are appearing nearly every day. Boats such as pedal driven kayaks and inflatable stand up paddleboards are attracting many new boaters and opening up new waters for many. Although these boats are attracting attention, traditional canoeing and kayaking activities are also gaining in popularity.

Unfortunately, the increase number of manually propelled boaters has also increased the number of paddling related injuries and deaths. No formal education is required to use a manually propelled boat in Connecticut. However, here are some rules that should be followed and good advice that will help keep your day on the water safe, comfortable, and fun from the start.

Take a lesson: Before venturing out on the water, consider taking a paddling course. The time and money you spend are well worth the investment! Knowing how to dress, the correct paddle strokes, the navigation rules, what equipment you should have with you on the water and how to use it, what to do in an emergency, being able to right and get back in your boat if you capsize are all skills that may lengthen your season and add to your boating enjoyment. Many of the paddling related accidents and deaths in Connecticut might have been avoided had the victims received some form of education.

Do NOT paddle impaired: Do not drink alcohol or use drugs with serious side effects before or while paddling. These substances can reduce reaction time, balance, coordination, and judgment - all of which are vital to your survival in a threatening situation.

Put contact information on your boat: Attach an "IF FOUND" sticker to your unregistered boat or write the boat owners contact information in the boat. This contact information can help rescuers locate you faster should an emergency situation occur and the boat is found unattended. (See page 43, for more information about "If Found" stickers.)

Know your ability: Be honest with yourself when planning a trip. Rough water, white water, or rapids can be difficult for experienced paddlers and are no place for beginners. Check the weather forecast, tides and water flows before heading out to a location and for the

Paddling Is Like Other Sports!

You need to have the right equipment and know the rules so that you can perform your best.



Always dress appropriately keeping in mind the water temperature. The best clothing recommendations will change seasonally but should always include wearing a life jacket.

PADDLING AWARENESS

period of time you plan to be on the water. Changes in weather, tides and water flows can easily turn a calm waterbody that is within your paddling abilities into a deadly environment. Our website contains links to a number of good Connecticut weather forecasts and resources, www.ct.gov/deep/boatingweather.

Plan ahead: Know the waters that you are paddling and plan your day accordingly. Tell someone where you are going, what boat you are taking and when you plan on returning; this is called filing a “float plan.” The information in a “float plan” will help first responders find and rescue you faster should an accident occur.

Avoid Paddling Alone: Paddle with a friend or group. You will have someone that can help you get back in your boat or call for help if needed.

Wear appropriate clothing: The correct clothing choices can add significantly to your paddling comfort, extend your boating season and might save your life. Choose the most appropriate clothing. Dress in layers that will retain body heat when wet (fleece) and outer layers that repels water. Avoid cotton, which stays wet and does not retain heat. Wear a hat! If you are a paddling in the cold water seasons consider investing in a wet or drysuit, you will be amazed at the difference in comfort they make.

WEAR A LIFE JACKET! The majority of paddlers that have died in Connecticut were NOT wearing a life jacket. Sadly, if they had been, the outcome of these accidents could have been much different. Connecticut law requires there be a properly fitting life jacket for everyone onboard a manually propelled vessel at all times. It also requires that all children less than thirteen years of age at any time during the year, and all adults between Oct 1 and May 31, wear a properly fitting life jacket while onboard a manually propelled vessel.

Note: Stand-up paddleboards are considered vessels (boats) by the U.S. Coast Guard unless they are being used in a surf zone or designated swim area. Anyone who is using a stand-up paddleboard is required to abide by all boating laws.

Attach a whistle to your life jacket: The sound of a whistle will travel farther than your voice and will better attract attention. Connecticut and federal laws require a sound producing device onboard all vessels.

Bring a communication device: Carry a phone in a water-proof bag and/or a waterproof marine VHF radio. In coastal/tidal waters a VHF radio is the best way to call for help. By using its modern VHF radio technology, the US Coast Guard can accurately pinpoint the location of a VHF radio transmission and send rescuers to that location faster than using traditional searching techniques. Use VHF channel 16 to call the USCG. It is the international distress, safety and hailing channel.

Know the local regulations and navigation rules: Waterways are filled with all types of vessels engaged in many different activities. Knowing and understanding the basic “rules of the road” will help make everyone’s day on the water much safer and enjoyable. Please DO NOT paddle in the middle of main channels, high traffic areas or interfere with the passage of other boat traffic.

Keep a lookout: Small paddlecraft can be difficult to see. Always keep an eye out for other boats that are coming close to you. If possible, wear brightly colored clothes or use other means to make you and your boat more visible on the water. Beware, that large boats DO NOT stop very quickly. Do your best to avoid putting yourself in a dangerous situation and remember that larger boats may not be able to avoid a collision.



BOATING ACCIDENT REPORT

PREVIOUS EDITIONS ARE OBSOLETE

Revised 9/2016

STATE OF CONNECTICUT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
BUREAU OF OUTDOOR RECREATION
BOATING DIVISION



P.O. BOX 280, OLD LYME CT 06371-0280
(860) 434-8638 or FAX (860) 434-3501

POLICE DEPARTMENT NAME AND CASE NO. (If any)

The operator of a vessel used for recreational purposes is required to file a report in writing within 48 hours whenever an accident results in loss of life, disappearance from a vessel or injury which requires medical attention beyond first aid. If total damage to all property is in excess of \$500, a report must be filed within 5 days. Reports shall be submitted to the commissioner of Energy and Environmental Protection at the above address. If the operator is unable to report the accident, the boat owner or survivor of the accident should prepare the report. Any person violating these requirements is subject to the penalties prescribed by law.

YOUR VESSEL INFORMATION (Vessel # 1) COMPLETE ALL BLOCKS (Indicate those not applicable by "N/A")

NAME AND ADDRESS OF OPERATOR	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	OPERATOR'S EXPERIENCE ON THIS VESSEL <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> unknown	OPERATOR'S FORMAL BOATING INSTRUCTION (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> State Course <input type="checkbox"/> USCG Aux. Course <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Other _____ <input type="checkbox"/> unknown
OPERATOR'S PHONE NUMBER			OPERATOR'S EXPERIENCE ON OTHER VESSELS <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> unknown		
OPERATOR'S SAFE BOATING OR PWC CERTIFICATE #					

NAME AND ADDRESS OF OWNER <input type="checkbox"/> SAME AS ABOVE	RENTED BOAT? <input type="checkbox"/> Y <input type="checkbox"/> N	NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED <i>ex. skier, tuber</i>
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REGISTRATION NUMBER	STATE	MAKE	MODEL & YEAR	HULL IDENTIFICATION NUMBER	BOAT NAME
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TYPE OF VESSEL <input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Paddlecraft <input type="checkbox"/> PWC <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail ONLY <input type="checkbox"/> Other	HULL MATERIAL <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	ENGINE TYPE <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Manual <input type="checkbox"/> Water Jet <input type="checkbox"/> Sail <input type="checkbox"/> Air Thrust <input type="checkbox"/> Other	ENGINES No. _____ Total HP _____	LENGTH ft. _____	BEAM (Width) ft. _____	DEPTH FROM TRANSDOM TO KEEL ft. _____	FUEL TYPE <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____
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SAFETY EQUIPMENT ON VESSEL

PERSONAL FLOTATION DEVICES Number of Life Jackets Onboard: _____	Were They USCG approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were They Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were They Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Given A VSC Sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRE EXTINGUISHERS Number of Fire Extinguishers and Type: _____	Were They Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	ORGANIZATION THAT CONDUCTED THE VESSEL SAFETY CHECK <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> DEEP <input type="checkbox"/> Other _____			

ACCIDENT DETAILS

DATE OF ACCIDENT	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	# VESSELS INVOLVED	NAME OF WATER BODY	EXACT LOCATION <i>If possible, provide Latitude and Longitude</i>	NEAREST TOWN				
WEATHER CONDITIONS <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Foggy <input type="checkbox"/> Other _____	WAVE CONDITIONS <input type="checkbox"/> Calm (Under 6in.) <input type="checkbox"/> Choppy (6in. - 2ft.) <input type="checkbox"/> Rough (2ft. - 6ft.) <input type="checkbox"/> Very Rough (over 6ft.)	WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0 - 12 mph) <input type="checkbox"/> Moderate (12- 25 mph) <input type="checkbox"/> Strong (25- 55 mph) <input type="checkbox"/> Stormy (over 55 mph)	VISIBILITY <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair	EST. AIR TEMP °F _____	EST. WATER TEMP °F _____	STRONG CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	CONGESTED WATERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAZARDOUS WATERS? <input type="checkbox"/> Yes <input type="checkbox"/> No	WEATHER ENCOUNTERED? <input type="checkbox"/> was as forecast <input type="checkbox"/> not as forecast <input type="checkbox"/> no forecast obtained <input type="checkbox"/> None <input type="checkbox"/> Other _____

ESTIMATED SPEED <input type="checkbox"/> 0 - 10 mph <input type="checkbox"/> 11 - 20 mph <input type="checkbox"/> 21 - 40 mph <input type="checkbox"/> Over 40 mph <input type="checkbox"/> None	OPERATOR/PASSENGER ACTIVITIES (Check all applicable) <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> White Water Activity <input type="checkbox"/> Tubing <input type="checkbox"/> Waterskiing <input type="checkbox"/> Starting Engine <input type="checkbox"/> Making Repairs <input type="checkbox"/> Relaxing <input type="checkbox"/> Other: (list) _____	ACCIDENT EVENTS (Check all applicable) <input type="checkbox"/> Collision w/ Recreational Vessel <input type="checkbox"/> Collision w/ Commercial Vessel <input type="checkbox"/> Collision w/ Fixed Object <input type="checkbox"/> Collision w/ Floating Object <input type="checkbox"/> Collision w/Submerged Object <input type="checkbox"/> Sinking <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding / Swamping <input type="checkbox"/> Fire / Explosion (Fuel) <input type="checkbox"/> Fire / Explosion (Non- Fuel) <input type="checkbox"/> Person Electrocuted <input type="checkbox"/> Carbon Monoxide Exposure <input type="checkbox"/> Person Struck By Vessel <input type="checkbox"/> Person Fell Overboard <input type="checkbox"/> Person Struck By Propeller <input type="checkbox"/> Sudden Medical Condition <input type="checkbox"/> Person Fell On/Within Vessel <input type="checkbox"/> Mishap of Skier, Tuber, wake brd <input type="checkbox"/> Person Left Vessel Voluntarily <input type="checkbox"/> Person Ejected from Vessel <input type="checkbox"/> Other (describe) _____	CONTRIBUTING FACTORS (check all applicable) <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Improper Loading <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Language Barrier <input type="checkbox"/> Navigation Rules Violation <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Ignition of Fuel or Vapors <input type="checkbox"/> Machinery Failure (check applicable below) <input type="checkbox"/> Engine <input type="checkbox"/> Electrical Sys. <input type="checkbox"/> Fuel System <input type="checkbox"/> Radio <input type="checkbox"/> Throttle <input type="checkbox"/> Shift <input type="checkbox"/> People on Gunwale/Bow/Transom <input type="checkbox"/> Force of Wake/Wave <input type="checkbox"/> Heavy Weather <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Hull Failure <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Restricted Vision (ex., fog) <input type="checkbox"/> Missing/Inadequate Aids to Nav. <input type="checkbox"/> Inadequate On-Board Nav. Lights <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Equipment Failure (check applicable below) <input type="checkbox"/> Auxiliary Equipment <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Sound Equip. (ex. horn) <input type="checkbox"/> Other: _____
OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Cruising (underway under power) <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Racing <input type="checkbox"/> Sailing <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock / Mooring <input type="checkbox"/> Rowing / Paddling <input type="checkbox"/> Drifting <input type="checkbox"/> Being Towed <input type="checkbox"/> Towing Another Vessel <input type="checkbox"/> Launching <input type="checkbox"/> Docking / Undocking <input type="checkbox"/> Other: (list) _____			

INJURED / MISSING / DECEASED

NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	TYPE OF INJURY	LOCATION OF INJURY
NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	TYPE OF INJURY	LOCATION OF INJURY
NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	TYPE OF INJURY	LOCATION OF INJURY

NOTE: If more space is needed to list information concerning Injured / Missing / Deceased persons please attach a separate page.

PROPERTY DAMAGE

PROPERTY DAMAGE ESTIMATE	PROPERTY DAMAGE DESCRIPTION
Vessel #1 \$ _____	<input type="checkbox"/> Vessel Was A Loss. \$ _____ Vessel's Value
Vessel #2 \$ _____	
Other Property \$ _____	

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (Include a sequence of events and what in your opinion caused the accident. Include or attach a diagram if needed. Continue on additional sheets of paper if necessary.)

ALCOHOL / DRUG USE

Did the operator consume any alcohol or do drugs before or during the operation of the vessel? A Little A Lot None Alcohol Drugs Both

Did any of the passengers consume any alcohol or do drugs before or during the operation of the vessel? A Little A Lot None Alcohol Drugs Both

Was there any alcohol or drugs onboard during the operation of the vessel? A Little A Lot None Alcohol Drugs Both

If this accident involved more than one vessel, was there any indication that the operator of the other vessel(s) had consumed any alcohol or done drugs? A Little A Lot None Alcohol Drugs Both

OTHER VESSEL (Vessel #2) If more than 2 vessels were involved, please attach a separate sheet of paper with this information.

NAME AND ADDRESS OF OPERATOR	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	REGISTRATION NUMBER	STATE	MANUFACTURER
	OPERATOR'S PHONE NUMBER			BOAT NAME	HULL IDENTIFICATION NUMBER	
TYPE OF VESSEL (Use categories from page 1)			LENGTH (approx.) ft.	OPERATION (Use categories from page 1)		RENTED BOAT? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME, ADDRESS, AND PHONE NUMBER OF OWNER <input type="checkbox"/> SAME AS ABOVE						NUMBER OF PEOPLE ON BOARD

SIGNATURE

The information on this form is certified under penalty of false statement to be true and complete.

X _____ Signature of person completing this report _____ Date _____ Printed name of person completing this report

_____ Address (Street, Town, State) _____ Phone

INVOLVEMENT: Operator Owner Witness: Other: _____

This form is available on-line in a PDF version you can fill out on your computer. Visit: www.ct.gov/deep/boating



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