Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident 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 $200 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 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

### VESSEL INFORMATION

<table>
<thead>
<tr>
<th>TYPE OF BOAT</th>
<th>CONSTRUCTION</th>
<th>TYPE OF ENGINE</th>
<th>ENGINE INFORMATION</th>
<th>HAS BOAT HAD A SAFETY EXAMINATION?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Motorboat</td>
<td>Wood</td>
<td>Outboard</td>
<td>No. of engines</td>
<td>Yes</td>
</tr>
<tr>
<td>Cabin Motorboat</td>
<td>Aluminum</td>
<td>Inboard</td>
<td>Mfg.</td>
<td>No</td>
</tr>
<tr>
<td>Auxiliary Sail</td>
<td>Steel</td>
<td>Inboard-outride</td>
<td>Horsepower</td>
<td></td>
</tr>
<tr>
<td>Sail (only)</td>
<td>Fiberglass</td>
<td>Jet-drive</td>
<td>Serial No.</td>
<td></td>
</tr>
<tr>
<td>Rowboat</td>
<td>Rubber/vinyl</td>
<td>Air thrust</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Canoe</td>
<td>Other (Specify)</td>
<td>Other (Specify)</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Personal Water Craft</td>
<td>Length ___ ft in</td>
<td>TYPE OF FUEL</td>
<td>Gasoline</td>
<td>Diesel</td>
</tr>
<tr>
<td>Airboat</td>
<td>Width ___ in</td>
<td>Other</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Depth ___ in</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### INCIDENT DATA

<table>
<thead>
<tr>
<th>DATE OF ACCIDENT</th>
<th>TIME</th>
<th>NAME OF BODY OF WATER</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lat:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Long:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WEATHER</th>
<th>WATER CONDITIONS</th>
<th>TEMPERATURE (Estimate)</th>
<th>WIND</th>
<th>VISIBILITY</th>
<th>WEATHER ENCOUNTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td>Calm (waves less than 6”)</td>
<td>Air ___°F</td>
<td>None</td>
<td>Good</td>
<td>Was as forecast</td>
</tr>
<tr>
<td>Rain</td>
<td>Choppy (waves 6” to 2’)</td>
<td>Water ___°F</td>
<td>Light (0-6 mph)</td>
<td>Fair</td>
<td>Not as forecasted</td>
</tr>
<tr>
<td>Fog</td>
<td>Rough (waves 2’ to 6’)</td>
<td>Depth ___</td>
<td>Moderate (7-14 mph)</td>
<td>Poor</td>
<td>No forecast obtained</td>
</tr>
<tr>
<td>Snow</td>
<td>Very Rough (greater than 6’)</td>
<td></td>
<td>Strong (15-25 mph)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strong Current</td>
<td></td>
<td>Storm (Over 25 mph)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PERSONAL FLOTAION DEVICES (PFD'S)

<table>
<thead>
<tr>
<th>PERSONAL FLOTAION DEVICES (PFD'S)</th>
<th>IGNITION AND THROTTLE</th>
<th>FIRE EXTINGUISHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the boat adequately equipped with coast guard approved flotation devices?</td>
<td>Ignition key position</td>
<td>Were they used?</td>
</tr>
<tr>
<td>Yes</td>
<td>On</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Off</td>
<td>No</td>
</tr>
<tr>
<td>Were they accessible?</td>
<td>Kill switch used</td>
<td>(If yes, list Type(s) and number used.)</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Types:</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>What type and how many?</td>
<td>Throttle position</td>
<td></td>
</tr>
<tr>
<td>Type I ( # )</td>
<td>Forward</td>
<td>Yes</td>
</tr>
<tr>
<td>Type II ( # )</td>
<td>Neutral</td>
<td>No</td>
</tr>
<tr>
<td>Type V ( # )</td>
<td>Reverse</td>
<td></td>
</tr>
<tr>
<td>Type III ( # )</td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**COMPLETE OTHER SIDE**
INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED?
[ ] Yes [ ] No
Insurance Agency ____________________________
Policy Number ________________________________

ESTIMATED AMOUNT OF DAMAGE
This Boat $______
Other Property $______

DESCRIPTION OF DAMAGE TO THIS VESSEL

DESCRIPTION OF OTHER PROPERTY DAMAGED
NAME/ADDRESS OF OWNER

PHONE # (______)

PASSENGERS

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>DATE OF BIRTH</th>
<th>NO INJURY</th>
<th>INJURED</th>
<th>DECEASED</th>
<th>MEDICAL TREATMENT ADMINISTERED?</th>
<th>WAS PFD WORN?</th>
<th>YES</th>
<th>NO</th>
<th>SWIMMER</th>
<th>WHAT TYPE?</th>
</tr>
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</table>

OTHER VESSEL (if more than 2 vessels, attach additional sheets)

Name of Operator
Address
Boat Number
Telephone Number (______)

Name of Owner
Address

OTHER WITNESSES

| Name | Address | Telephone Number (______)
<table>
<thead>
<tr>
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| Name | Address | Telephone Number (______)
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</table>

PERSON COMPLETING REPORT

SIGNATURE
ADDRESS
Telephone Number (______)

QUALIFICATION (Check One)
[ ] Operator [ ] Owner [ ] Other ____________________________

Date Completed
<table>
<thead>
<tr>
<th>DETAILED DESCRIPTION OF INCIDENT</th>
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