BOATING INCIDENT REPORT (DWF-BIR-005) **BARD# _____ PAGE _____ of _____**

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR

LAST: _____ STREET 1: _____

FIRST: _____ STREET 2: _____

MI: _____ CITY: _____

PHONE NO: ( ) STATE/ZIP:

NAME AND ADDRESS OF OWNER ☐ same as operator

LAST: _____ STREET 1: _____

FIRST: _____ STREET 2: _____

MI: _____ CITY: _____

PHONE NO: ( ) STATE/ZIP:

OPERATOR AGE AND DATE OF BIRTH yrs. / /

RENTED BOAT? ☐ YES ☐ NO

NUMBER OF PERSONS ON BOARD

OPERATOR'S EXPERIENCE

	Under 20	20-100	100-500	Over 500	None
THIS TYPE OF BOAT	☐	☐	☐	☐	☐
OTHER BOAT OPERATING EXP.	☐	☐	☐	☐	☐

FORMAL INSTRUCTION IN BOATING SAFETY

☐ None ☐ USCG Auxiliary
☐ State ☐ American Red Cross
☐ U.S. Power Squadrons ☐ Other

TEST TAKEN FOR

	YES	NO	POSITIVE	NEGATIVE					
ALCOHOL	☐	☐	☐	☐	☐ Blood	☐ Urine	☐ Breath	☐ Other _____	BAC%_____
DRUGS	☐	☐	☐	☐	☐ Blood	☐ Urine	☐ Breath	☐ Other _____	TYPE _____

VESSEL NO: _____ (this vessel)

BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.

TYPE OF BOAT
☐ Open Motorboat
☐ Cabin Motorboat
☐ Auxiliary Sail
☐ Sail (only)
☐ Rowboat
☐ Canoe
☐ Personal Water Craft
☐ Airboat
☐ Other _____

HULL MATERIAL
☐ Wood
☐ Aluminum
☐ Steel
☐ Fiberglass
☐ Rubber / Vinyl
☐ Other
_____

ENGINE
☐ Outboard
☐ Inboard
☐ Inboard-outdrive
☐ Jet-drive
☐ Air thrust
☐ Other
TYPE OF FUEL
☐ Gasoline ☐ Other
☐ Diesel _____

PROPULSION
No. of engines ____
ENGINE 1
Mfg. _____
Horsepower _____
Serial No. _____
ENGINE 2
Mfg. _____
Horsepower _____
Serial No. _____

CONSTRUCTION
Length _____ft Width _____ft
Year Built _____ Depth _____ft

HAS BOAT HAD A SAFETY EXAMINATION?
☐ Yes ☐ No
For Current Year? ☐ Yes ☐ No
Which Kind?
☐ USPS / USCG Auxiliary Inspection
☐ State/local Examination
☐ Other _____

OPERATION AT TIME OF INCIDENT *(Check all applicable)*
☐ Commercial Activity
☐ Cruising
☐ Maneuvering
☐ Approaching Dock
☐ Leaving Dock
☐ Water Skiing
☐ Racing
☐ Towing
☐ Other _____
☐ Drifting
☐ At Anchor
☐ Tied to Dock
☐ Fueling
☐ Fishing
☐ Hunting
☐ Skin Diving/ Swimming
☐ Being Towed

TYPE OF INCIDENT *(Number by order of occurrence)*
____Grounding
____Capsizing
____Flooding
____Sinking
____Fire or Explosion (fuel)
____Fire or Explosion (other than fuel)
____Fallen Skier
____Collision with Vessel
____Collision with Fixed Object
____Collision with Floating Object
____Falls overboard
____Falls in Boat
____Hit By Boat or Propeller
____Other _____

WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? *(Number by order of importance)*
____Weather
____Excessive Speed
____No Proper Lookout
____Restricted Vision
____Overloading
____Improper Loading
____Hazardous Waters
____Alcohol use
____Drug use
____Fault of Hull
____Fault of Machinery
____Fault of Equipment
____Operator Inexperience
____Operator Inattention
____Other _____

PERSONAL FLOTATION DEVICES (PFD'S)

Was the boat adequately equipped with CG APPROVED personal floatation devices? ☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they servicable? ☐ Yes ☐ No

What Type and How Many?
☐ Type I (#)____
☐ Type II (#)____
☐ Type III (#)____
☐ Type IV (#)____
☐ Type V (#)____

Were PFDs properly:
Used? ☐ Yes ☐ No
Adjusted? ☐ Yes ☐ No
Sized? ☐ Yes ☐ No

Was the vessel carrying NON-APPROVED life saving devices?
☐ Yes ☐ No

Were they accessible? ☐ Yes ☐ No
Were they used? ☐ Yes ☐ No
If yes, indicate kind:
_____

IGNITION AND THROTTLE

Ignition key position
☐ On ☐ Off

Kill switch used
☐ Yes ☐ No ☐ N/A

Throttle position
☐ Forward ☐ Neutral
☐ Reverse ☐ Unknown

FIRE EXTINGUISHERS

WERE THEY USED?
(If yes, list Type(s) and number used.)
☐ Yes ☐ No ☐ N/A

Types: _____

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 # ( )

BOATING INCIDENT REPORT (DWF-BIR-005) **BARD#____________________PAGE _____ of _____**

DECEASED

NAME	ADDRESS	DATE OF BIRTH	SWIMMING ABILITY	CAUSE OF DEATH	WAS PFD WORN?
☐ same as operator LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	☐ Yes ☐ No ☐ Unknown	☐ Drowning ☐ Other________	☐ Yes ☐ No What Type? ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Other ________
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	☐ Yes ☐ No ☐ Unknown	☐ Drowning ☐ Other ________	☐ Yes ☐ No What Type? ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Other ________
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	☐ Yes ☐ No ☐ Unknown	☐ Drowning ☐ Other ________	☐ Yes ☐ No What Type? ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Other ________
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	☐ Yes ☐ No ☐ Unknown	☐ Drowning ☐ Other ________	☐ Yes ☐ No What Type? ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Other ________
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	☐ Yes ☐ No ☐ Unknown	☐ Drowning ☐ Other ________	☐ Yes ☐ No What Type? ☐ I ☐ II ☐ III ☐ IV ☐ V ☐ Other ________

INJURED

NAME	ADDRESS	DATE OF BIRTH	DESCRIBE INJURY	MEDICAL TREATMENT
☐ same as operator LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	________	☐ Yes ☐ No
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	________	☐ Yes ☐ No
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	________	☐ Yes ☐ No
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	________	☐ Yes ☐ No
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	________	☐ Yes ☐ No
LAST: ________ FIRST: ________ MI: ________ PHONE NO: ( )	STREET 1: ________ STREET 2: ________ CITY: ________ STATE/ZIP: ________	/ / AGE: yrs.	________	☐ Yes ☐ No

INVESTIGATOR COMPLETING REPORT

SIGNATURE AND EMPLOYEE #	DATE SUBMITTED

ATTACH ADDITIONAL IF NECESSARY