

# Recreational Boating Accident Report

NOTE: each boat operator/owner involved in an accident should submit a separate report.  
Estimated report form completion time: 30 min  
For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## REPORT SUBMISSION

### Report required because (select all that apply):

- At least one person in this accident *died*:  
If so, how many?
- At least one injured person in this accident *required or was in need of treatment beyond first aid*:  
If so, how many?
- At least one person in this accident *disappeared* and has not yet been recovered:  
If so, how many?
- All boat and other property *damage* (e.g., fishing/hunting gear) caused by this accident *totaled* (or likely totaled) \$2,000 or more:  
Approximate value of damage to *your* boat: \$   
Approximate value of damage to *your* other property: \$
- Your or another *boat* in this accident was (or likely was) a *total loss*

### Report submitted by (select all that apply):

- Boat Operator (required if possible)
- Boat Owner (if operator unable, or same as operator)
- Other (describe):

First name:  Last name:   
 Phone:  -  -

### To be submitted within:

48 hours (if injury, disappearance or death)  
 10 days (if boat/property *damage only*)

### To be submitted to:

Ohio DNR Division of Watercraft  
 2045 Morse Road, Building A  
 Columbus, Ohio 43229-6693  
 Phone: 614-265-680 Fax: 614-263-4140

You may submit any comments concerning the the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.

### For State Agency Use Only

First name:   
 Last name:   
 Phone:   
 Primary cause of accident:

## ACCIDENT SUMMARY

**WHEN**  
 Date:    mm/dd/yy  
 Time:  :   am  pm (select one)

**WHERE**  
 Body of water name:   
 Location (on water) description:   
 Nearest city/town:   
 County:   
 State:

**YOUR BOAT - PEOPLE**

# people <i>on board</i> (including operator):	<input type="text"/>
# people <i>being towed</i> (e.g., on tubes, skis):	<input type="text"/>
# people <i>wearing lifejackets</i> (on board or towed):	<input type="text"/>

**OTHER BOATS INVOLVED IN ACCIDENT**

# of *other* boats involved?

**ACCIDENT DESCRIPTION**  
 Briefly describe this accident (attach extra pages if necessary):

**DAMAGE TO YOUR BOAT**  
 Briefly summarize any damage to *your* boat:

**DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)**  
 Briefly summarize any damage to *your* other property (not boat):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## YOUR BOAT

### BOAT IDENTIFICATION

Your boat name:	<input type="text"/>	Manufacturer:	<input type="text"/>
Model name:	<input type="text"/>	Model year:	<input type="text"/>
Registration #:	<input type="text"/>	Documentation #:	<input type="text"/>
Hull Identification # (HIN):	<input type="text"/>	Rented:	<input type="radio"/> Yes <input type="radio"/> No

### SIZE ESTIMATES

Length:	<input type="text"/> ft.	Depth from transom (stern) to keel (bottommost point):	<input type="text"/> ft. <input type="text"/> in.	Beam width at widest point:	<input type="text"/> ft.
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### HULL MATERIAL

Type of hull material (select one):

<input type="radio"/> Fiberglass	<input type="radio"/> Wood	<input type="radio"/> Rubber/vinyl/canvas	<input type="radio"/> Other (describe): <input type="text"/>
<input type="radio"/> Aluminum	<input type="radio"/> Steel	<input type="radio"/> Plastic	

### BOAT TYPE

Boat type (select one):	Available propulsion (select all that apply):
<input type="radio"/> Cabin motorboat <input type="radio"/> Inflatable <input type="radio"/> Canoe <input type="radio"/> Personal watercraft (PWC) <input type="radio"/> Open motorboat <input type="radio"/> Houseboat <input type="radio"/> Rowboat    (e.g., Wave Runner™, <input type="radio"/> Auxiliary sail <input type="radio"/> Sail (only) <input type="radio"/> Air boat    Jet Ski™, Sea-Doo™ <input type="radio"/> Pontoon boat <input type="radio"/> Kayak <input type="radio"/> Other (describe): <input type="text"/>	<input type="checkbox"/> Propeller <input type="checkbox"/> Air thrust <input type="checkbox"/> Sail <input type="checkbox"/> Other (describe): <input type="text"/> <input type="checkbox"/> Manual <input type="checkbox"/> Water jet

### ENGINE

# engines: <input type="text"/>	Engine type and horsepower (select one):	Fuel type (select all that apply):
Manufacturer: <input type="text"/>	<input type="radio"/> Outboard <input type="radio"/> Sterndrive (I/O) <input type="radio"/> Inboard <input type="radio"/> None Total horsepower: <input type="text"/> hp	<input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel

### SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

<input type="checkbox"/> Federal Agency (Name): <input type="text"/>
<input type="checkbox"/> US Coast Guard Auxiliary: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> State Agency (Name): <input type="text"/>
<input type="checkbox"/> US Power Squadrons: VSC Decal? <input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Other Agency (Name): <input type="text"/>

# Life jackets on board: <input type="text"/>	# Fire extinguishers on board: <input type="text"/>	Type of fire extinguishers (e.g., ABC): <input type="text"/>
	# Fire extinguishers used: <input type="text"/>	Amount of fire extinguisher used: <input type="text"/>

## ACCIDENT DETAILS - EXTERNAL CONDITIONS

### WEATHER

Overall weather was (select one):	It was (select one):	Visibility was (select one):	Wind was (select one):
<input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Cloudy <input type="radio"/> Snowing <input type="radio"/> Foggy <input type="radio"/> Hazy <input type="radio"/> Other (describe): <input type="text"/>	<input type="radio"/> Day <input type="radio"/> Night	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor	<input type="radio"/> 0 mph (none) <input type="radio"/> Over 0, up to 12 mph (light) <input type="radio"/> Over 12, up to 25 mph (moderate) <input type="radio"/> Over 25, up to 55 mph (strong) <input type="radio"/> Over 55 mph (stormy)
	Approximate air temperature: <input type="text"/> °F		

### WATER

Overall water conditions (select one):	Other water conditions:
<input type="radio"/> Up to 6 in. waves (calm) <input type="radio"/> Over 6 in., up to 2 ft. waves (choppy) <input type="radio"/> Over 2 ft., up to 6 ft waves (rough) <input type="radio"/> Over 6 ft. waves (very rough)	Approximate water temperature: <input type="text"/> °F Strong current? <input type="radio"/> Yes <input type="radio"/> No Hazardous waters?(e.g., rapid tidal flow, currents) <input type="radio"/> Yes <input type="radio"/> No Congested waters? <input type="radio"/> Yes <input type="radio"/> No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

## ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON YOUR BOAT

### OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident :

Activities were (select one):

- Recreational  
 Commercial

Operator/passenger activities (select all that apply):

- Fishing       Tubing       Starting engine       Other (list):  
 Hunting       Water Skiing       Making repairs  
 White water activity (e.g., rafting)       Relaxing

### BOAT OPERATIONS

Your boat operations at time of accident (select all that apply):

- Cruising (underway under power)       Drifting       Racing       Towing another vessel  
 Changing direction       At anchor       Rowing/paddling       Launching  
 Changing speed       Being towed       Tied to dock/mooring       Docking/undocking  
 Sailing       Other (list):

## ACCIDENT DETAILS - CONTRIBUTING FACTORS ON YOUR BOAT

### CONTRIBUTING FACTORS

Indicate factors on *your* boat which may have contributed to this accident (select all that apply):

- Alcohol use       Operator inattention       Hazardous waters       Restricted vision (e.g., fog)  
 Drug use       Operator inexperience       Heavy weather       Missing/inadequate  
 Excessive speed       Language barrier       Hull failure      aids to navigation (e.g., buoy,  
 Improper anchoring       Navigation rules violation       Ignition of fuel or vapor      daymarker)  
 Improper loading       Failure to vent       Starting in gear       Inadequate on-board  
 Overloading       Dam/lock       Sharp turn      navigation lights  
 Improper lookout       Force of wake/wave       People on gunwale, bow  
 Other (describe):      or transom

## ACCIDENT DETAILS - YOUR BOAT

### MACHINERY/EQUIPMENT FAILURE

Failure of the following machinery/equipment on *your* boat contributed to this accident (select all that apply):

- Engine       Sail/mast       Steering       Radio       Fire extinguisher  
 Electrical system       Onboard lights       Throttle       Auxiliary equipment       Ventilation  
 Fuel system       Seats       Shift       Sound equipment (e.g., horn, whistle)  
 Onboard navigation aids (e.g., GPS, Loran)       Other (list):

## ACCIDENT DETAILS - EVENTS ON YOUR BOAT

### ACCIDENT EVENTS

Types of events occurring to/on *your* boat during accident (select all that apply):

- Collision with recreational boat       Flooding/swamping       Person fell overboard  
 Collision with commercial boat (e.g., tug, barge)       Fire/explosion - fuel       Person fell on/within boat  
 Collision with fixed object (e.g., dock, bridge)       Fire/explosion - non-fuel       Sudden medical condition  
 Collision with submerged object (e.g., stump, cable)       Carbon monoxide exposure       Person struck by boat  
 Collision with floating object (e.g., log, buoy)       Mishap of skier, tuber,       Person struck by  
 Capsizing      wakeboarder, etc.      propeller or propulsion unit  
 Grounding       Person left boat voluntarily       Person electrocuted  
 Sinking       Person ejected from boat (caused by collision or maneuver)  
 Other (describe):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

**ACCIDENT DETAILS - YOUR BOAT -  
INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID**

Report only injured people on, struck by, or being towed by *your boat*, receiving or in need of treatment beyond first aid.  
Do not report injured people on, struck by, or being towed by *another boat or no boat* (e.g., swimmers, people on a dock).  
If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

**INJURED PERSON**

First:  MI:  Last:   
Street:   
City:  State:  Zip:  -   
Phone:  -  -  Age:

**INJURY DETAILS**

**Injury caused when person** (select all that apply):  
 Struck the:  (e.g., boat, water)  
 Was struck by a:  (e.g., boat, propeller)  
 Was exposed to carbon monoxide poisoning  
 Received an electric shock  
 Other (describe):

**Nature of most serious injury** (select one):  
 Scrape/bruise  Dislocation  
 Cut  Internal organ injury  
 Sprain/strain  Amputation  
 Concussion/brain injury  Burn  
 Spinal cord injury  Other (describe):   
 Broken/fractured bone

Person was wearing lifejacket?  Yes  No  
Person received treatment beyond first aid?  Yes  No  
Person was admitted to a hospital?  Yes  No

Body part of most serious injury (e.g., head, hip, knee):

**ACCIDENT DETAILS - YOUR BOAT - DEATHS/DISAPPEARANCES**

Only report deaths/disappearances of people on, struck by, or being towed by *your boat*.  
If more than one death/disappearance to report, attach additional copies of this page.  
If none, SKIP DEATHS/DISAPPEARANCES section.

**PERSON WHO DIED/DISAPPEARED**

First:  MI:  Last:   
Street:   
City:  State:  Zip:  -   
Phone:  -  -  Age:

**DETAILS OF DEATH/DISAPPEARANCE**

**Injury caused when person** (select all that apply):  
 Struck the:  (e.g., boat, water)  
 Was struck by a:  (e.g., boat, propeller)  
 Was exposed to carbon monoxide poisoning  
 Received an electric shock  
 Other (describe):

**Nature of death/disappearance** (select one):  
 Death - by drowning  
 Death - other likely cause (describe):   
 Disappeared and not yet recovered

Person was wearing lifejacket?  Yes  No

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### ACCIDENT DETAILS - YOUR BOAT OPERATOR

#### OPERATOR INSTRUCTION

Boating safety instruction completed (select all that apply):

- None
- State course
- USCG Auxiliary course
- US Power Squadrons course
- Internet (name of sponsoring organization):

- Other (describe):

#### OPERATOR EXPERIENCE

Experience operating this type of boat (select one):

- 0 to 10 hours
- Over 10, up to 100 hours
- Over 100, up to 500 hours
- Over 500 hours

#### OPERATOR SAFETY MEASURES

On board, prior to accident, was operator wearing:

A lifejacket?

- Yes
- No

An engine cut-off switch (Lanyard or wireless device) if equipped?

- Yes
- No

On board, prior to accident, was operator using:

Alcohol?

- Yes
- No

Drugs?

- Yes
- No

Operator arrested for Boating Under the Influence?

- Yes
- No

Weather reports consulted prior to accident?

- Yes
- No

### ACCIDENT DETAILS - OTHER KEY PEOPLE

Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.

#### NAME/ADDRESS

This other key person was a(n) (select all that apply):

- Other boat operator
- Other boat owner
- Owner of other damaged property
- Passenger on your boat
- Witness

First:  MI:  Last:

Street:

City:  State:  Zip:  -

Other boat name (if any):  Phone:  -  -

Other boat registration # (if any):

#### NAME/ADDRESS

This other key person was a(n) (select all that apply):

- Other boat operator
- Other boat owner
- Owner of other damaged property
- Passenger on your boat
- Witness

First:  MI:  Last:

Street:

City:  State:  Zip:  -

Other boat name (if any):  Phone:  -  -

Other boat registration # (if any):

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

### YOUR BOAT OPERATOR

#### NAME/ADDRESS

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>

#### AGE/GENDER/PHONE

Age:	<input type="text"/>	Gender:	<input type="radio"/> Male <input type="radio"/> Female	Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>
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### YOUR BOAT OWNER

If same as *your* boat operator SKIP rest of YOUR BOAT OWNER section.

#### NAME/ADDRESS/PHONE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

### PERSON SUBMITTING THIS REPORT

If same as *your* boat operator OR owner, SKIP rest of PERSON SUBMITTING THIS REPORT section.

#### NAME/ADDRESS/PHONE/ROLE

First:	<input type="text"/>	MI:	<input type="text"/>	Last:	<input type="text"/>
Street:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/> - <input type="text"/>
Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>				

I was a(n) (select one):

- Other person on board *this* boat
- Accident witness *not* on board *this* boat
- Other (describe):

### SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature:	<input type="text"/>	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm/dd/yy
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An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number.

The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.