

STATE OF CONNECTICUT DEPARTMENT OF ENERGY & ENVIRONMENTAL 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 deep.boating@ct.gov

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

REV 12/23

						SUMN	IARY OF	INVESTIG	ATOR'	S REPO	RT				
DATE OF INCIDENT	TIME	TOW	N OF IN	CIDENT			BODY OF W	ATER							
COUNTY		STAT	E EXA	ACT LOCAT	ION										
		С													
NO. OF VESSELS	NO. OF DEA	THS NO. 0	OF INJUI	RIES COO	RDINATES (Deg		ites, Seconds	6)		" W	COORDINA'	TES (GPS Style: I	_		s) ' W
PRIMARY CAUSE O	F INCIDENT	(from pg 3)	1	VES	 SSEL DAMAGE I					_	DAMAGE ESTIN		<u> </u>	•	
				·	,	VESSEL:	S INVOLV	ED IN IN	CIDEN	Г (та	record more t	han two vessels	use 'Additiona	l Vessel' p	age.)
		VESS	EL#								VESSEL#				
		OPERA	TOR IN	FORMATIO	N .						OPERATO	R INFORMATIO	N		
LAST NAME FIRST NAME IS OWN								LAST NAME			FII	RST NAME			IS OWNER?
ADDRESS (Co. 1) To Co. 1 To Co. 1															
ADDRESS (Street, T	own, State,	Zip Code)						ADDRESS (S	Street, Tov	wn, State,	Zip Code)				
PHONE NUMBER								PHONE NUI	MBER						
D.O.B.	AGE	SEX	 :	SBC / CPW0	D #			D.O.B.		AGE	SEX	SBC / CPWC) #		
BOATING EXPERIEN	ICE (THIS VI	ESSEL)		BOATING E	XPERIENCE (OT	HER VESSE	ELS)	BOATING EXPERIENCE (THIS VESSEL) BOATING EXPERIENCE (OTHER VESSELS					ELS)		
BOATING EDUCATI	ON			OTHER				BOATING EI	DUCATIO	N		OTHER			
			- 1									1			
OTHER BOATING IN	ICIDENT(S)		1	DISABILITY	С	N MEDICA	TION	OTHER BOA	TING INC	IDENT(S)		DISABILITY	0	N MEDICA	TION
HAS BEEN DRINKIN	G ALCOHO	L	UNDEF	R THE INFLU	JENCE			HAS BEEN D	RINKING	ALCOHO	L	UNDER THE IN	FLUENCE		
SIGNS OF ALCOHO	I /DRUG US	F						SIGNS OF A	I COHOL /	DRUG US	F				
WEARING PFD USING SAFETY LANYARD								WEARING P	FD			USING SAFE	TY LANYARD		
CASE STATUS															
INVESTIGATOR'S NAME							SUPERVISOR'S NAME								
INVESTIGATOR'S SI	GNATURE				BADGE NO.	DATE		SUPERVISO	R'S SIGNA	TURE			BADGE NO.	DATE	
					1	1		I					I	1	

VESSELS	INVOLVED	IN INCIDENT	(Continued)

							VESSEL:	2 INVOL	VED IN INCID	ENI (Lontinu	ed)					
		V	ESSEL #	ŧ							1	/ESSEL#					
LAST NAME			OWNER IN	I FORMA FIRST I					LAST NAME			OWNER INF	FIRST NA				
LAST NAME				LINST	INAIVIE				LAST NAME				LIUSI IN	AIVIE			
ADDRESS (Street, 1	Town, State,	Zip Co	ode)						ADDRESS (Street,	Town, Stat	e, Zip C	ode)					
(, ,		/							,	,	,					
PHONE NUMBER									PHONE NUMBER								
RELATIONSHIP TO	OPERATOR			RENTE	D BOAT				RELATIONSHIP TO OPERATOR RENTED BOAT								
IF VEC LIST DENTED																	
IF YES, LIST RENTER								IF YES, LIST RENTE	R								
			VESSEL IN	FORMA:	TION							VESSEL INF	ORMATI	ON			
REGISTRATION NO	. STATI	E	HULL IDEN						REGISTRATION NO). STA	ATE	HULL IDENT					
VESSEL MAKE		VESSE	L MODEL		VESSEL	NAME			VESSEL MAKE		VESS	EL MODEL		VESSEL NA	ME		
VESSEL TYPE				OTHER	₹				VESSEL TYPE				OTHER				
HULL MATERIAL				OTHER					LILLI MATERIAL				OTHER				
HULL MATERIAL				. OTHER	1				HULL MATERIAL				OTHER				
YEAR VESSEL BUIL	T LENGTH			BEAM	(WIDTH)		RAFT (DEPT	TH)	YEAR VESSEL BUIL	T LENGTI	Н		BEAM (V	VIDTH)	D	RAFT (DEPTH)	
		Ft.	ı İn.		Ft.	ln.	Ft.				Ft.			_	ln.	Ft.	ln.
NO. ENGINES	 ENGINE DRI			FUEL		PROPUI				ENGINE D			FUEL		ROPUL		
ENGINE MAKE		YE	AR ENGINE	BUILT	ENGINE H.I	P.	TOTAL H.F	Р.	ENGINE MAKE		Y	EAR ENGINE E	BUILT EN	NGINE H.P.		TOTAL H.P.	
						H.P.		H.P.						Н	I.P.	ŀ	H.P.
CAPACITY PLATE	INFO: MAX	(PERS	ONS MAX				MAX H		CAPACITY PLATE	INFO: M	AX PERS	ONS MAX				MAX H.P.	
					bs.	Ll	os.	H.P.						os.	Lk	os.	H.P.
PRESENT LOCATIO	N OF VESSE		SURANCE - S	SAFETY	DEVICES				PRESENT LOCATIO	N OF VES		ISURANCE - S.	AFETY DI	EVICES			
WHERE RECOVERE	D								WHERE RECOVERE	:D							
INSURANCE COMP	ANY			POLIC	Y NUMBER				INSURANCE COMF	PANY			POLICY I	NUMBER			
NO LIEF IA CIVETO	01100100	lucco	. ADDDOV/50		DE TUEVAL	cen lui	-DE THEV. 4.0	CECCIDI E	NO LIEF IA CUETO	0110010	Jucc		Luce	- TUEV LICE	- June	DE THEY ACCE	-CCIDI F
NO. LIFE JACKETS (ON BOARD	USCG	APPROVEL	WE	RE THEY U	SED WE	ERE THEY AC	CESSIBLE	NO. LIFE JACKETS	ON BOARI	JUSCO	3 APPROVED	WERE	THEY USE) WE	RE THEY ACCE	SSIRLE
VESSEL SAFETY CH	IECK WITHIN	 PAST	YEAR O	RGANIZ	ATION COI	NDUCTIN	G V.S.C.		VESSEL SAFETY CH	HECK WITH	IIN PAS	T YEAR OF	RGANIZA	TION COND	UCTING	3 V.S.C.	
723522 37 11 21 1 21 1		,					C 7.5.C.		7233223711211101								
REQUIRED SAFETY	EQUIPMEN [*]	T ON B	OARD? N	O. FIRE I	EXTINGUIS	HERS N	IO. USED 1	ТҮРЕ	REQUIRED SAFETY	' EQUIPME	NT ON	BOARD? NO). FIRE EX	TINGUISHE	RS N	O. USED TYF	PE
							1									1	
E 1153			GER INFORM						E 1157 1			PASSENGER II					
For additional pass	sengers on t	nis ves	ssei, use the	FIRST I					For additional pas LAST NAME	sengers oi	1 this ve	essei, use the	FIRST NA				
				ı									l				
ADDRESS (Street, 7	Town, State,	Zip Co	ode)	1			WEARI	NG PFD	ADDRESS (Street,	Town, Stat	e, Zip C	ode)				WEARING	PFD
PHONE NUMBER							D.O.B.		PHONE NUMBER							D.O.B.	
																<u> </u>	
INVESTIGATOR'S S	IGNATURE				BAD	GE NO.	DATE		SUPERVISOR'S SIG	NATURE				BADGE	NO.	DATE	
					1		1									1	

					INCIDEN	T DETAILS				
						AL CONDITIONS			_	
WEATHER	WATER CON	IDITIONS			G CURRENT	CONGESTED WATERS	HAZARDOUS WATERS (e	e.g. Rapid Tida	al Flows, Cu	rrents, etc.)
							<u> </u>			
WIND		VISIBILITY	TIME OF DA	AY	WEATHER	ENCOUNTERED	AIR TEMPERATURE (E	EST)	WATER TEN	PERATURE (EST) •F
					TYPE OF I	NCIDENT	<u> </u>			<u> </u>
CHAIN OF EVENTS IN IN	ICIDENT SEQU	JENCE			7772077					
First Occurrence					Fe	ourth Occurrence				
Second Occurrence					Fi	fth Occurrence				
Third Occurrence					Si	xth Occurrence				
IN ORDER OF PRIORITY				CAUSE(S) OF	F INCIDENT-	Investigator's Opinion				
First Cause					Fo	ourth Cause				
Second Cause					Fi	fth Cause				
Third Cause					Si	xth Cause				
		If Machinery Failure	e (specify)				If Equipment F	ailure (specif	īy)	
	VESS						VESSEL #			
SELECT ALL THAT APPL		SEL ACTIVITY AT TIM	E OF INCIDENT		9	SELECT ALL THAT APPLY	VESSEL ACTIVITY AT TI	ME OF INCID	ENI	
Activity 1						Activity 1				
Activity 2						Activity 2				
Activity 3						Activity 3				
	Othe	r:					Other:			
SELECT ALL THAT APPL		L OPERATION AT TI	ME OF INCIDENT		S	ELECT ALL THAT APPLY	VESSEL OPERATION AT 1	TIME OF INCI	DENT	
Operation 1						Operation 1				
Operation 2						Operation 2				
Operation 3						Operation 3				
	Ot	her:					Other:			
		SSEL ATTITUDE AT T	IME OF INCIDEN	IT			VESSEL ATTITUDE AT	TIME OF INC	IDENT	
ATTITUDE AT TIME OF I					P	TTITUDE AT TIME OF INC				
	DA	MAGE TO VESSEL					DAMAGE TO VESSEL			
DESCRIBE DAMAGETO	VESSEL					ESCRIBE DAMAGE TO VE	SSEL			
INVESTIGATOR'S SIGNA	TURE		BADGE NO.	DATE	S	UPERVISOR'S SIGNATURE	<u> </u>	BAI	DGE NO.	DATE

INJURED PERSON(S)

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

	VICTIM 1						VICTIM 2						
VICTIM'S LAST NAI	ME		VICTIM'S FI	RST NAME		VICTIM'S LAST NAME VICTIM'S FIRST NAME							
ADDRESS (Street, 7	Town, State,	Zip Code)				ADDRESS (Street,	Town, State,	Zip Code)					
PHONE NUMBER						PHONE NUMBER							
D.O.B.	AGE 	SEX		1	ON BOARD VESSEL #	D.O.B.	AGE	SEX			ON BOARD VESSEL#		
RECEIVED TREATM	MENT BEYON	D FIRST AID	HOSPITALIZ	ZED		RECEIVED TREATMENT BEYOND FIRST AID HOSPITALIZED							
NATURE OF INJUR	Y (PRIMARY)		NATURE OF	INJURY (SECO	ONDARY)	NATURE OF INJURY (PRIMARY) NATURE OF INJURY (SEC					DNDARY)		
BODY PART OF MO	OST SERIOUS	INJURY	CAUSE OF	INJURY		BODY PART OF MOST SERIOUS INJURY CAUSE OF INJURY							
CAUSE OF INJURY-	-OTHER					CAUSE OF INJURY-	-OTHER						
		lian Danna and) VICT	TAA CAAJAAAAINI	ADII ITV			Chian Danasanana	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TIMA CVAVIA AN AIN I	C ADJUSTY		
VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc) VICTIM SWIMMING ABILITY						VICTIM'S INVOLVE	EMENT (e.g.	Skier, Passenger, e	(c) VIC	TIM SWIMMIN	G ABILITY		
ALCOHOL USE APPARENT DRUG USE APPARENT						ALCOHOL USE APPARENT DRUG USE APPARENT							
WAS PFD WORN	TYPE OF PFI	D PFD PERFOI	RMANCE	PFD C	OMMENTS	WAS PFD WORN TYPE OF PFD PFD PERFORMANCE PFD COMMENTS							
					MISSING/	DECEASED							
VICTIM'S LAST NAI	ME	VICT	TIM 1 VICTIM'S FIF	RST NAME		VICTIM'S LAST NAI	ME	VIC	VICTIM'S FII	RST NAME			
			I						I				
ADDRESS (Street, 7	Town, State,	Zip Code)				ADDRESS (Street,	Town, State,	Zip Code)					
ADDRESS (Street, 7	Town, State,	Zip Code)				ADDRESS (Street, 1	Town, State,	Zip Code)					
	Town, State,	Zip Code)					Town, State,	Zip Code)					
	AGE	Zip Code)			ON BOARD VESSEL #		AGE	Zip Code)			DN BOARD VESSEL #		
PHONE NUMBER D.O.B.	AGE	SEX			ON BOARD VESSEL#	PHONE NUMBER D.O.B.	AGE	SEX			DN BOARD VESSEL #		
PHONE NUMBER	AGE	SEX	HOSPITALIZ		ON BOARD VESSEL #	PHONE NUMBER	AGE	SEX	HOSPITALIZ		DN BOARD VESSEL #		
PHONE NUMBER D.O.B.	AGE MENT BEYON	SEX	HOSPITALIZ		ON BOARD VESSEL #	PHONE NUMBER D.O.B.	AGE MENT BEYON	SEX	HOSPITALIZ		ON BOARD VESSEL #		
PHONE NUMBER D.O.B. RECEIVED TREATM	AGE MENT BEYON	SEX D FIRST AID	HOSPITALIZ		ON BOARD VESSEL #	PHONE NUMBER D.O.B. RECEIVED TREATM	AGE MENT BEYON	SEX D FIRST AID	HOSPITALIZ		DN BOARD VESSEL #		
PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH	AGE MENT BEYON Y	D FIRST AID OTHER				PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B	AGE MENT BEYON	SEX D FIRST AID					
PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B	AGE MENT BEYON Y MENT (e.g. SI	OTHER kier, Passenger, etc.) VICT	ZED	G ABILITY	PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B	AGE MENT BEYON BY EMENT (e.g.	D FIRST AID OTHER	tc) VIC	ZED TIM SWIMMIN	G ABILITY		
PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B' VICTIM'S INVOLVEN ALCOHOL USE API	AGE MENT BEYON Y MENT (e.g. SI	OTHER kier, Passenger, etc) VICT	ZED IM SWIMMING	G ABILITY	PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B	AGE MENT BEYON BY EMENT (e.g.	OTHER Skier, Passenger, et	tc) VIC	ZED TIM SWIMMIN	G ABILITY		
PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B'	AGE MENT BEYON Y MENT (e.g. SI	OTHER kier, Passenger, etc) VICT	ZED IM SWIMMING	G ABILITY DRUG TYPE	PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B VICTIM'S INVOLVE ALCOHOL USE API	AGE MENT BEYON BY EMENT (e.g.	OTHER Skier, Passenger, et	tc) VIC	ZED TIM SWIMMIN	G ABILITY DRUG TYPE		
PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B' VICTIM'S INVOLVEN ALCOHOL USE API	AGE MENT BEYON Y MENT (e.g. SI TYPE OF PFI	OTHER kier, Passenger, etc) VICT	ZED IM SWIMMING	G ABILITY DRUG TYPE	PHONE NUMBER D.O.B. RECEIVED TREATM CAUSE OF DEATH INJURY CAUSED B VICTIM'S INVOLVE ALCOHOL USE API	AGE MENT BEYON BY EMENT (e.g. TYPE OF PF	OTHER Skier, Passenger, et	tc) VIC	ZED TIM SWIMMIN	G ABILITY DRUG TYPE		

INVESTIGATOR'S SIGNATURE

BADGE NO.

DATE

SUPERVISOR'S SIGNATURE

BADGE NO.

DATE

	WITN	IESSES	
EFER TO REPORT NARRATIVE FOR STATEM	IENTS AND INFORMATION PROVIDED BY W	ITNESSES	
WITN	ESS 1	WITN	IESS 2
AST NAME	FIRST NAME	LAST NAME	FIRST NAME
DDRESS (Street, Town, State, Zip Code)		ADDRESS (Street, Town, State, Zip Code)	
HONE NUMBER		PHONE NUMBER	
WITN	ESS 3	WITN	IESS 4
AST NAME	FIRST NAME	LAST NAME	FIRST NAME
DDRESS (Street, Town, State, Zip Code)		ADDRESS (Street, Town, State, Zip Code)	
HONE NUMBER		PHONE NUMBER	

					AL PASSENGERS	(Continu	ed from page 2 if necessary.)		
VESSEL#	LAST NAME	FIRST NAME	PFD?	D.O.B.	STREET		TOWN / CITY	STATE	PHONE NUMBER
		I .			l				

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

INCIDENT 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.

INCIDENT NARRATIVE (Continued...)

INCIDENT NARRATIVE (Continued...)

<u>Case No.</u>				II	VVESTIGAT	JK 3 KEPUI	K I			Pa	ige of
				ADD	ITIONAL INJUREI	D - MISSING - DI	ECEASED	(Continue	ed from page 4.)		
			VICTIM 3						VICTIM 4		
VICTIM'S LAST NA	ME		VICTIM'S FII	RST NAME		VICTIM'S LAST NA	AME		VICTIM'S FIF	RST NAME	
ADDRESS (Street,	Town, State	e, Zip Code)				ADDRESS (Street,	Town, State	e, Zip Code)			
PHONE NUMBER						PHONE NUMBER					
D.O.B.	AGE	SEX	STATUS	0	N BOARD VESSEL #	D.O.B.	AGE	SEX	STATUS	10	N BOARD VESSEL #
RECEIVED TREAT	MENT BEYOR	ND FIRST AI	D HOSPITALIZ	ĽED		RECEIVED TREATI	MENT BEYOR	ND FIRST AID	HOSPITALIZ	ZED	
NATURE OF PRIM	ARY INJURY		NATURE OF	SECONDARY II	NJURY	NATURE OF PRIM	IARY INJURY		NATURE OF	SECONDARY IN	JJURY
BODY PART OF M	OCT CEDIOL	IC IN II IDV	CAUSE OF I	N. II. ID.V		BODY PART OF M	OCT CEDIOL	IC IN II IDV	CAUSE OF II	N. II. ID.V	
BODT PART OF W	OST SERIOU	INJURT	CAUSE OF I	NJORT		BODT PART OF W	IOST SERIOU	JS INJUNT	CAUSE OF II	NJUKT	
CAUSE OF DEATH		OTI	HER			CAUSE OF DEATH	1	OTHER	· · ·		
VICTIM'S INVOLVE	MENT (e.g.	Skier, Passe	nger, etc)	VICT	IM SWIMMING ABILIT	Y VICTIM'S INVOLV	/EMENT (e.g	. Skier, Passeng	ger, etc)	VICTI	M SWIMMING ABILITY
ALCOHOL USE AF	PPARENT	DRUG US	E APPARENT			ALCOHOL USE AF	PPARENT	DRUG USE AI	PPARENT		
WAS PFD WORN	TYPE OF PI	FD PF	PERFORMANCE	PFD CO	MMENTS	WAS PFD WORN	TYPE OF PI	FD PFD PE	ERFORMANCE	PFD COM	MENTS
				1						1	
			VICTIM 5						VICTIM 6		
VICTIM'S LAST NA	ME		VICTIM'S FII	RST NAME		VICTIM'S LAST NA	AME		VICTIM'S FI	RST NAME	
ADDRESS (Street,	Town, State	e, Zip Code)				ADDRESS (Street,	, Town, State	e, Zip Code)			
PHONE NUMBER						PHONE NUMBER					
D.O.B.	AGE	SEX	STATUS	0	N BOARD VESSEL #	D.O.B.	AGE	SEX	STATUS	01	N BOARD VESSEL #
RECEIVED TREAT	AENT DEVO	ID FIRST AII	D HOSPITALIZ	ZED.		RECEIVED TREATI	MENT REVO	ND FIRST AID	HOSPITALIZ	ZED.	
RECEIVED TREATI	WEINT BETOI	ND FIRST AII	D HOSPITALIZ	יבט		RECEIVED TREATI	WIEINT BETOI	ND FIRST AID	HOSPITALIZ	LED	
NATURE OF PRIM	ARY INJURY		NATURE OF	SECONDARY II	NJURY	NATURE OF PRIM	IARY INJURY		NATURE OF	SECONDARY IN	JURY
BODY PART OF M	OST SERIOU	IS INJURY	CAUSE OF I	NJURY		BODY PART OF M	IOST SERIOU	JS INJURY	CAUSE OF II	NJURY	
CALISE OF DEAT	1	OTI				CALICE OF DEAT		OTHER			
CAUSE OF DEATH	ı		HER			CAUSE OF DEATH	1	OTHER 	i.		
VICTIM'S INVOLVI	EMENT (e.g.	Skier, Passe	enger, etc)	VICTI	M SWIMMING ABILIT	Y VICTIM'S INVOLV	/EMENT (e.g	. Skier, Passeng	ger, etc)	VICTII	M SWIMMING ABILITY
ALCOHOL USE AF	PARENT	DRUG US	E APPARENT			ALCOHOL USE AF	PPARENT	DRUG USE AI	PPARENT		
WAS PFD WORN	TYPE OF PI	D IPFF) PERFORMANCE	PFD CO	MMENTS	WAS PFD WORN	TYPE OF PI	FD PFD PF	ERFORMANCE	PFD COM	MENTS
		-		1						1	
INVESTIGATOR'S	SIGNATI IRE			BADGE NO.	DATE	SUPERVISOR'S SIG	GNATURE			BADGE NO.	DATE
VESTIGATION 3	J.GIVATORE			SADGE NO.	DAIL	JOI LIVIJOIT J SIC	GI WAT OILE			DADGE NO.	DI II L

case ivo.							.51107	ONSILLI					Page	OI	
						ΑE	DDITION/	AL VESSEL(S)	(Conti	nued from page	2)				
VESSEL#															
						(NFORMATION						,	
LAST NAME			FIRST	NAME			ADDRESS (Street, Town, State,	, Zip Code)					IS OWNER?	
								PHONE NUMBER							
								PHONE NUMBER							
D.O.B.	AGE	SEX		SBC / CPWC	#			BOATING EXPERIE	ENCE (THIS VE	SSEL)	BOA	BOATING EXPERIENCE (OTHER VESSELS)			
	1														
BOATING EDUCA	TION			OTHER				OTHER BOATING	INCIDENT(S)		DISA	DISABILITY ON MEDICATION			
				1											
HAS BEEN DRINKI	ING ALCOHO	L UNDI	R THE INF	LUENCE	SIGNS OF ALC	OHOL/DR	RUG USE	WEARING PFD			USIN	G SAFETY LANYAR	ID.		
							OWNED IN	FORMATION							
LAST NAME				FIRST NAME			OWNERIN	ADDRESS (Street,	Town, State, 2	Zip Code)					
				l											
PHONE NUMBER															
RELATIONSHIP TO	O OPERATOR			RENTED BO	AT	IF YE	S, LIST RENT	ER							
							1/50051 111								
REGISTRATION NO	O. STAT	E H	JLL IDENT	IFICATION N	0.		VESSEL IN	VESSEL MAKE			VESS	SEL MODEL			
	1														
VESSEL NAME		VESSEL	ГҮРЕ		OTHER			HULL MATERIAL			ОТН	ER			
YEAR VESSEL BUIL	LT LENGTH		_	BEAM (WID		RAFT (DE		CAPACITY PLATE	INFO: MAX	PERSONS MA	X PERS			(H.P.	
NO ENGINES	ENGINE DE	Ft.	ln.	Ft.	In.	Ft	t. In.	ENGINE MAKE		VEAD ENGIN	E DI III T	Lbs. ENGINE H.P.	Lbs. TOTAL	H.P.	
NO ENGINES	ENGINE DE	IVETTE		FOEL	FROFU	LSION		LINGINE WARE		TEAR ENGIN	E BOILT	H.P		H.P.	
						IN	ISURANCE - S	SAFETY DEVICES				1 1,1	•	11	
PRESENT LOCATION	ON OF VESSI	L						WHERE RECOVERI	ED						
INSURANCE COM	PANY			POLICY NU	ИBER			NO. LIFE JACKETS	ON BOARD	USCG APPROVE	D W	/ERE THEY USED	WERE THEY	ACCESSIBLE	
VESSEL SAFETY C	HECK WITHI	N PAST VE	AR OR	 	N CONDUCTIN	GVSC		REQUIRED SAFETY	Y FOI IIPMENT	ON ROARD?	NO FIR	E EXTINGUISHERS	NO. USED	TVPF	
VESSEE SALETT C	TILCK WITTI	NI ASI IL	AIT OI	IGANIZATIOI	CONDOCTIIV	d v.s.c.		INEQUINED SAI ET	I EQUII MENT	ON BOARD:	INO. I III	L LXTINGOISHENS	NO. OSLD	11112	
						VESSI	EL ACTIVITY	AT TIME OF INCIDE	ENT						
CHECK ALL THAT				¬ _											
Fueling	Mak	ing Rep	airs	_ Tourna	ment	Huntin	ng [] W	hitewater Spor	ts F	Racing		Other:			
Fishing	Star	ting Eng	jine	Comme	ercial	Relaxir	ng Sc	:uba / Snorkelir	ng 🗌 S	Swimming /	Diving	g 🗌 Waterski	ing / Tubi	ng	
CHECK ALL THAT	APPLY					VESSEL	L OPERATIO	N AT TIME OF INCID	DENT						
Cruising		ing / Pa	ddling	Drifti	ng 🗌	Changi	ing Direct	ion Towi	ing	Otł	ner:				
Sailing		ked / Mo	nored	At Ar	chor \square	Changi	ing Speed	Rein	g Towed		- mmer	cial	Launchir	na	
				AT TIME OF		Chang	mg speed			DAMAG			Luarieriii	<u> </u>	
ATTITUDE AT TIM	E OF INCIDE							DESCRIBE DAM	AGE TO VESSE						
	List anv	oassen	gers on	this ves	sel on pag	e 6.									
	,				13										
INVESTIGATOR'S	SIGNATURE				BADGE NO.	DATE		SUPERVISOR'S SIG	SNATURE			BADGE NO	D. DATE		

			ADDITION	AL VESSEL(S)	(Continu	ued from page 2.)			
VESSEL#										
			OPERATOR	INFORMATION						
LAST NAME	FIRST NAME		ADDRESS	S (Street, Town, State, Zip Code)					IS	S OWNER?
				PHONE NUMBER						
D.O.B. AGE SEX SBC / CPWO #				BOATING EXPERIENCE (THIS VESSEL) BOATING			BOATING EX	PERIENCE (OT	HER VESSEL	S)
BOATING EDUCATION	OTHER			OTHER POATING I	NCIDENT(C)		DISABILITY		N MEDICAT	ION
BOATING EDUCATION					OTHER BOATING INCIDENT(S)			DISABILITY ON MEDICATION		
HAS BEEN DRINKING ALCOHOL	. UNDER THE INFLUENCE	SIGNS OF ALCO	WEARING PFD			USING SAFETY LANYARD				
		_	OWNER IN	IFORMATION						
LAST NAME	FIRST NAM	Ė		ADDRESS (Street,	Town, State, Zi	p Code)				
PHONE NUMBER										
DEL ATIONICI IID TO ODEDATOD	DENITED DO	A.T.	IE VEC LICT DENI	<u> </u>						
RELATIONSHIP TO OPERATOR	RENTED BO	DAT	IF YES, LIST RENT	EK						
			VECCEI II	TODA ATION						
REGISTRATION NO. STATE	HULL IDENTIFICATION I	NO.	VESSEL IN	VESSEL MAKE			VESSEL MOI	DEL		
				V LOGEL WOULE			V2552261			
VESSEL NAME VESSEL TYPE OTHER			HULL MATERIAL			OTHER				
		1				ı				
YEAR VESSEL BUILT LENGTH	BEAM (WID	TH) DF	RAFT (DEPTH)	CAPACITY PLATE	INFO: MAX P	ERSONS MAX F	PERS LBS	MAX LBS	MAX H.	.P.
	Ft. In. Ft	. In.	Ft. In			1	Lbs.	Lk	os. _I	H.P.
NO ENGINES ENGINE DRIV		PROPUL	SION	ENGINE MAKE		YEAR ENGINE B	UILT ENGIN	IE H.P.	TOTAL H.P	P
								H.P.		H.P.
			INSURANCE -	SAFETY DEVICES						
PRESENT LOCATION OF VESSEL	WHERE RECOVERE	ED								
INSURANCE COMPANY	MBER		NO. LIFE JACKETS ON BOARD USCG APPROVED			WERE THEY USED WERE THEY ACCESSIBLE				
VESSEL SAFETY CHECK WITHIN	PAST YEAR ORGANIZATION	GANIZATION CONDUCTING V.S.C.			REQUIRED SAFETY EQUIPMENT ON BOARD? NO			O. FIRE EXTINGUISHERS NO. USED TYPE		
	I								1	
			VESSEL ACTIVITY	AT TIME OF INCIDE	NT					
CHECK ALL THAT APPLY Fueling Makir	ng Repairs Tourna	ment	Hunting \ \ \	/hitewater Activ	vity Ra	acing		Other:		
	ng Engine			cuba / Snorkelir	, –	vimming / Di	_	 Waterskiing		
Tishing Starti		cretai	_	N AT TIME OF INCID	•	Viiriiiiiig / Di	villg	waterskiing	7 Tubing	
CHECK ALL THAT APPLY			723522 01 2131770	itin inne or men						
Cruising Rowin	ng / Paddling 🔲 Drift	ing	Changing Direc	tion Towi	ng	Othe	r:			
Sailing Dock	ed / Moored	nchor	Changing Speed	d Being	g Towed	Comr	mercial	La	unching	
<u> </u>	/ESSEL ATTITUDE AT TIME OF	INCIDENT				DAMAGE T	TO VESSEL			
ATTITUDE AT TIME OF INCIDEN	Т			DESCRIBE DAMAG	E TO VESSEL					
List any n										
List dily p	assengers on this ves	Jei on page								
INVESTIGATOR'S SIGNATURE		BADGE NO.	DATE	SUPERVISOR'S SIG	INATURE			BADGE NO.	DATE	
25.1.3.1.011.5.51011/11.011.		5. 1.5 GE 140.		55. 2.111551155115				_, 3_ 110.		