

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>	

SHORT FORM-INVESTIGATOR'S REPORT

		Shor	t form may	only be use	SH 0 ed if damage is l				IGATOR'S no injuries, a			a res	ult of the inc	dent.			REV 2/24	
						INVES	STIGAT	TOR'	'S REPOR	Т								
DATE OF INCIDENT	TIM	1E	TOWN O	F INCIDENT			BODY	OF W	ATER									
COUNTY			STATE	EXACT LOC	CATION													
			СТ															
NO. OF VESSELS				C	OORDINATES (D	egrees, Min	nutes, Se	conds)				COORDINAT	ES (GPS Style	: Degrees, Deci	imal Minute	es)	
				_	o I	'	" N		o '		" V	٧	o	'	Ν	°	'W	
ALCOHOL USE APPA	ARENT	USEI	D BY		DRUG USE APPA	RENT	USED B	SY		VESSI	EL DAMAG	E EST	MATE	OTHER P	ROPERTY DAM	AGE ESTIM	ATE	
VESSEL/PROPERTY [DAMAG	E DESCI	RIPTION	l														
PRIMARY TYPE OF IN	NCIDENT	Γ						:	SECONDARY	TYPE	OF INCIDE	NT						
PRIMARY CAUSE OF	INCIDE	NT OT	HER CAUSE		SECONDARY	SECONDARY CAUSE OF INCIDENT OT			THER CAUSE TERTIARY CAUS				CAUSE OF IN	CIDENT C	OTHER CAUSE	IER CAUSE		
WEATHER		VATER	CONDITIO	NS	STRONG C	URRENT		CONC	GESTED WAT	ERS	HAZARDO	OUS V	VATERS					
WIND		VISIBIL	_ITY		TIME OF DAY	WE	ATHER E	NCOL	JNTERED	AIR	TEMPERATI	URE °F	WAT	ER TEMPERAT				
						VESSEL	_S INV	OLV	ED IN IN	CIDE	ENT							
		١	/ESSEL	#								V	ESSEL#					
LACTNIAME				R INFORMA	TION		IIS OWI	NED2	LACT NAME					INFORMATI	ON		IS OWNED?	
LAST NAME			FIF	RST NAME			IS OW	INEK!	LAST NAME				FIK	ST NAME			IS OWNER?	
ADDRESS (Street, To	wn Stat	e Zin C	ode)						ADDRESS (S	troot	Town Stat	e 7in	Code)					
ABBRESS (Street, 10	wii, 5ta	, 210							710011233 (3		Town, state							
PHONE NUMBER									PHONE NUM	/RFR								
THORE NOMBER									THORETON	IDEI								
D.O.B.	AGE	SEX		SBC / CF	SBC / CPWO #				D.O.B.	AGE SEX SBO			SBC / CPW	SBC / CPWO #				
BOATING EXPERIENC	E (THIS	VESSEL	.)	BOATIN	G EXPERIENCE (OTHER VESS	SELS)		BOATING EX	(PERIE	ENCE (THIS	VESSE	EL)	BOATING	EXPERIENCE (C	THER VESS	ELS)	
BOATING EDUCATIO	N			OTHER					BOATING ED	DUCAT	ΓΙΟΝ			OTHER				
OTHER BOATING INC	IDENT(S)		WEARING P	PFD L	JSING SAFET	TY LANY	ARD	OTHER BOA	TING I	INCIDENTS)		WEARING P	FD	USING SAF	ETY LANYARI	
					1													
CASE STATUS																		
INVESTIGATOR'S NAI	ME				BADGE NO.	BADGE NO. DATE			SUPERVISOR	R'S NA	ME				BADGE NO.			
INVESTIGATOR'S SIG	NATUR								SUPERVISOR	R'S SIG	SNATURE							

SHORT FORM INVESTIGATOR'S REPORT

													9	
				VE	SSELS INVO	DLVED IN INC	IDENT	(Continue	ed)					
VESSEL #								٧	ESSEL #	ŧ				
	OWNER	INFORMAT	ION						OWNER IN	IFORMA	TION			
LAST NAME		FIRST N	AME			LAST NAME				FIRST	NAME			
ADDRESS (Street, Town, State	e, Zip Code)					ADDRESS (Stre	et, Town, St	ate, Zip Co	ode)					
PHONE NUMBER		EMAIL A	ADDRESS			PHONE NUMB	ER			EMAIL	. ADDRESS			
RELATIONSHIP TO OPERATO	R	RENTED	BOAT			RELATIONSHIP	TO OPERAT	TOR		RENTE	D BOAT			
IF YES, LIST RENTER						IF YES, LIST RE	NTER							
	VESSEL	INFORMATI	ION						VESSEL IN	FORMA	TION			
REGISTRATION NO. STA		ENTIFICATIO				REGISTRATION	I NO. S	TATE	HULL IDEN					
	_													
VESSEL MAKE	VESSEL MODE	L	VESSEL NAM	ME		VESSEL MAKE		VESS	EL MODEL		VESSEL 1	NAME		
VESSEL TYPE		OTHER				VESSEL TYPE				OTHER	₹			
HULL MATERIAL		OTHER				HULL MATERIA	AL			OTHE	₹			
VEAD VESSEL DUNLT LENSTH		DE 444 ()	AUDTU)	DD45	T (D FDTI I)	VEADVESSEL				DE 414	OMBTID.		DA ET (DED	
YEAR VESSEL BUILT LENGTH		BEAM (V		DRAF	T (DEPTH)	YEAR VESSEL I	SUILT LENG				(WIDTH)	.	RAFT (DEP	
				n.	Ft. Ir			Ft.			Ft.	In.	Ft.	ln.
NO. ENGINES ENGINE D	RIVE TYPE	FUEL	PF	ROPULSIO	N	NO. ENGINES	ENGINE	DRIVE TY	PE	FUEL		PROPUL	.SION	
ENGINE MAKE	YEAR ENGIN	NE BUILT E	NGINE H.P.	TC	TAL H.P.	ENGINE MAKE		YE	AR ENGINE	BUILT	ENGINE H.P	<u> </u>	TOTAL H.	.P.
			H.		H.P.							H.P.		
	INSURANCE	- SAFETY D						IN	SURANCE -	CAEETV				
PRESENT LOCATION OF VESS		- SAFEII D	EVICES			PRESENT LOCA	ATION OF VE		SUNANCE -	SAFEII	DEVICES			
WHERE RECOVERED						WHERE RECO\	/ERED							
INSURANCE COMPANY		POLICY	NUMBER			INSURANCE C	JMPANY			POLIC	Y NUMBER			
NO. LIFE JACKETS ON BOARD	USCG APPROV	ED WER	E THEY USED	WERE 1	THEY ACCESSIBL	E NO. LIFE JACK	ETS ON BOA	RD USCO	APPROVE)) WE	RE THEY US	ED WE	RE THEY A	CCESSIBLE
VESSEL SAFETY CHECK WITH	IN PAST YEAR	ORGANIZA	TION CONDU	JCTING V.S	5.C.	VESSEL SAFET	Y CHECK WIT	THIN PAST	YEAR C	DRGANIZ	ATION CON	IDUCTIN	G V.S.C.	
												1		
REQUIRED SAFETY EQUIPME	NT ON BOARD?	NO. FIRE EX	KTINGUISHER	S NO. U	SED TYPE	REQUIRED SAI	ETY EQUIPM	MENT ON E	SOARD?	IO. FIRE	EXTINGUISH	IERS N	O. USED	TYPE
\/CCCL # ACT NAME	PASSENGER				D O B	VECCEL #	LACTAL		Passenger First N			FD?		D.O.B.
VESSEL # LAST NAME	: FIN	ST NAME	FFD:	'	D.O.B.	VESSEL #	LAST N	AIVIE	ПСЛП	VAIVIL		· D:		D.O.B.
INVESTIGATOR'S SIGNATURE			BADGE N	NO. DA	ATE .	SUPERVISOR'S	SIGNATURE	:			BADO	GE NO.	DATE	

SHORT FORM INVESTIGATOR'S REPORT Page 3 of

Case No.

 $\label{thm:local_equation} \textbf{INCIDENT NARRATIVE} \ \ (\textbf{Be sure to include operation of each vessel at time of incident})$

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