### BOATING ACCIDENT REPORT

**STATE OF CONNECTICUT**
**DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION**
**BUREAU OF OUTDOOR RECREATION**
**BOATING DIVISION**
P.O. BOX 280, OLD LYME CT 06371-0280
E-mail: deep.boating@ct.gov

**PREVIOUS EDITIONS ARE OBSOLETE**
Revised 10/2020

The operator of a vessel used for recreational purposes is required to file a report in writing within 48 hours whenever an accident results in loss of life, disappearance from a vessel or injury which requires medical attention beyond 65

### YOUR VESSEL INFORMATION (Vessel # 1)

**COMPLETE ALL BLOCKS (Indicate those not applicable by "N/A")**

| NAME AND ADDRESS OF OPERATOR | AGE | D.O.B. | GENDER | OPERATOR'S EXPERIENCE ON THIS VESSEL
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Under 20 hours</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20 to 100 hours</td>
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<td></td>
<td></td>
<td></td>
<td>Over 500 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Over 500 hours</td>
</tr>
</tbody>
</table>

**OPERATOR'S PHONE NUMBER**

**OPERATOR'S EXPERIENCE ON OTHER VESSELS**

**OPERATOR'S SAFE BOATING OR PW C CERTIFICATE**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF OWNER</th>
<th>SAME AS ABOVE</th>
<th>RENTED BOAT?</th>
<th>NUMBER OF PEOPLE ON BOARD</th>
<th>NUMBER OF PEOPLE BEING TOWED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td>ex. skier, tuber</td>
</tr>
</tbody>
</table>

**REGISTRATION NUMBER**

**STATE**

**MAKE**

**MODEL & YEAR**

**HULL IDENTIFICATION NUMBER**

**BOAT NAME**

### SAFETY EQUIPMENT ON VESSEL

**PERSONAL FLotation DEVICES**

**WAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR?**

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### FIRE EXTINGUISHERS

**WAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR?**

**PERSONAL FLotation DEVICES**

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**PERSONAL FLotation DEVICES**

**WAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR?**

### ACCIDENT DETAILS

**DATE OF ACCIDENT**

**TIME**

**VESSELS INVOLVED**

**NAME OF WATER BODY**

**EXACT LOCATION**

### WEATHER CONDITIONS

**WAVE CONDITIONS**

**WIND**

**VISIBILITY**

**EST. AIR TEMP. **

**EST. WAVE TEMP.**

### ESTIMATED SPEED

<table>
<thead>
<tr>
<th>0 - 10 mph</th>
<th>11 - 20 mph</th>
<th>21 - 40 mph</th>
<th>Over 40 mph</th>
</tr>
</thead>
</table>

### OPERATOR AT TIME OF ACCIDENT

**OPERATOR’S EXPERIENCE ON OTHER VESSELS**

**OPERATOR’S EXPERIENCE ON THIS VESSEL**

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### CONTRIBUTING FACTORS (check all applicable)

<table>
<thead>
<tr>
<th>Alcohol Use</th>
<th>Drug Use</th>
<th>Hazardous Waters</th>
<th>Excessive Speed</th>
<th>Improper Anchoring</th>
<th>Improper Loading</th>
<th>Overloading</th>
<th>Improper Lookup</th>
<th>Operator Inexperience</th>
<th>Other (describe)</th>
</tr>
</thead>
</table>

### 2022 CONNECTICUT BOATERS GUIDE

65
### INJURED / MISSING / DECEASED

<table>
<thead>
<tr>
<th>Name and Address of Victim</th>
<th>Age</th>
<th>D.O.B.</th>
<th>Gender</th>
<th>Onboard Vessel</th>
<th>Was a PFD Worn?</th>
<th>Treatment Beyond 1st Aid</th>
<th>Victim Was Hospitalized</th>
</tr>
</thead>
</table>

**Death Caused By:** (If applicable)  
☐ Drowning  ☐ Trauma  ☐ Other

**Missing**  ☐ Y  ☐ N

**Type of Injury**  ☐ M  ☐ F  ☐ Other

**Location of Injury**

<table>
<thead>
<tr>
<th>Name and Address of Victim</th>
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**Death Caused By:** (If applicable)  
☐ Drowning  ☐ Trauma  ☐ Other

**Missing**  ☐ Y  ☐ N

**Type of Injury**  ☐ M  ☐ F  ☐ Other

**Location of Injury**

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**NOTE:** If more space is needed to list information concerning Injured / Missing / Deceased persons please attach a separate page.

### PROPERTY DAMAGE

<table>
<thead>
<tr>
<th>Property Damage Estimate</th>
<th>Property Damage Description</th>
<th>Vessel Was A Loss.</th>
<th>Vessel’s Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vessel #1 $</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vessel #2 $</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Property (not vessel) $</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACCIDENT DESCRIPTION

**Describe What Happened:** (Include a sequence of events and what in your opinion caused the accident. Include or attach a diagram if needed. Continue on additional sheets of paper if necessary.)

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### ALCOHOL / DRUG USE

Did the operator consume any alcohol or do drugs before or during the operation of the vessel?  ☐ A Little  ☐ A Lot  ☐ None  ☐ Alcohol  ☐ Drugs  ☐ Both

Did any of the passengers consume any alcohol or do drugs before or during the operation of the vessel?  ☐ A Little  ☐ A Lot  ☐ None  ☐ Alcohol  ☐ Drugs  ☐ Both

Was there any alcohol or drugs onboard during the operation of the vessel?  ☐ A Little  ☐ A Lot  ☐ None  ☐ Alcohol  ☐ Drugs  ☐ Both

If this accident involved more than one vessel, was there any indication that the operator of the other vessel(s) had consumed any alcohol or done drugs?  ☐ A Little  ☐ A Lot  ☐ None  ☐ Alcohol  ☐ Drugs  ☐ Both

### OTHER KEY CONTACT INFORMATION

*If more than 2 vessels / property were involved, please attach a separate sheet of paper with this information.*

<table>
<thead>
<tr>
<th>Key Information</th>
<th>Name and Address</th>
<th>Phone Number</th>
<th>Other Vessel Registration (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Vessel Operator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Vessel Owner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owner of other damaged property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passenger on your vessel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Witness</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SIGNATURE

The information on this form is certified under penalty of false statement to be true and complete.

X Signature of Person Completing this Report  
Date  
Printed Name of Person Completing this Report

Address (Street, Town, State)  
Phone

Involvement:  ☐ Operator  ☐ Owner  ☐ Witness  ☐ Other:  

This form is available on-line in a PDF version you can fill out on your computer. Visit: www.portal.ct.gov/boating