

BOATING INCIDENT REPORT
PREVIOUS EDITIONS ARE OBSOLETE
Revised 08/2023

STATE OF CONNECTICUT
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION
BUREAU OF OUTDOOR RECREATION
BOATING DIVISION



POLICE DEPARTMENT NAME AND CASE NO. (If any)

P.O. BOX 280, OLD LYME CT 06371-0280
E-mail: deep.boating@ct.gov

The operator of a vessel 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 first aid. If total damage to all property is in excess of \$500, a report must be filed within 5 days. Reports shall be submitted to the Commissioner, Department of Energy and Environmental Protection at the above address. If the operator is unable to report the accident, the boat owner or survivor of the accident should prepare the report. Any person violating these requirements is subject to the penalties prescribed by law.

YOUR VESSEL INFORMATION (Vessel # 1) COMPLETE ALL BLOCKS (Indicate those not applicable by "N/A")

NAME AND ADDRESS OF OPERATOR AGE DATE OF BIRTH GENDER OPERATOR'S EXPERIENCE ON THIS VESSEL OPERATOR'S FORMAL BOATING INSTRUCTION (Check all that apply) OPERATOR'S PHONE NUMBER OPERATOR'S EXPERIENCE ON OTHER VESSELS OPERATOR'S SAFE BOATING OR PWC CERTIFICATE # E-MAIL

NAME AND ADDRESS OF OWNER RENTED BOAT? NUMBER OF PEOPLE ONBOARD NUMBER OF PEOPLE BEING TOWED REGISTRATION NUMBER STATE MAKE MODEL & YEAR HULL IDENTIFICATION NUMBER BOAT NAME

TYPE OF VESSEL HULL MATERIAL ENGINE TYPE PROPULSION ENGINES LENGTH BEAM (Width) DEPTH FROM TRANSON TO KEEL FUEL TYPE

SAFETY EQUIPMENT ON VESSEL

PERSONAL FLOTATION DEVICES Were They USCG approved? HAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR? FIRE EXTINGUISHERS Were They Used? ORGANIZATION THAT CONDUCTED THE VESSEL SAFETY CHECK

ACCIDENT DETAILS

DATE OF ACCIDENT TIME # VESSELS INVOLVED NAME OF WATER BODY EXACT LOCATION NEAREST TOWN WEATHER CONDITIONS WAVE CONDITIONS WIND VISIBILITY EST. AIR TEMP STRONG CURRENT? WEATHER ENCOUNTERED?

ESTIMATED SPEED OPERATOR/PASSENGER ACTIVITIES ACCIDENT EVENTS CONTRIBUTING FACTORS OPERATION AT TIME OF ACCIDENT

INJURED / MISSING / DECEASED

NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL # ___ <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	CAUSE OF INJURY	LOCATION OF INJURY
NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL # ___ <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	CAUSE OF INJURY	LOCATION OF INJURY

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

PROPERTY DAMAGE

PROPERTY DAMAGE ESTIMATE	PROPERTY DAMAGE DESCRIPTION
Vessel #1 \$ _____	<input type="checkbox"/> Vessel Was A Complete Loss. \$ _____ Vessel's Value
Vessel #2 \$ _____	
Other Property (not vessel) \$ _____	

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.)

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.)

<input type="checkbox"/> Other Vessel Operator	<input type="checkbox"/> Other Vessel Owner	<input type="checkbox"/> Owner of other damaged property	<input type="checkbox"/> Passenger on your vessel	<input type="checkbox"/> Witness
NAME AND ADDRESS		PHONE NUMBER & E-MAIL		
		OTHER VESSEL REGISTRATION (if applicable)		
<input type="checkbox"/> Other Vessel Operator	<input type="checkbox"/> Other Vessel Owner	<input type="checkbox"/> Owner of other damaged property	<input type="checkbox"/> Passenger on your vessel	<input type="checkbox"/> Witness
NAME AND ADDRESS		PHONE NUMBER & E-MAIL		
		OTHER VESSEL REGISTRATION (if applicable)		

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: _____