

**BOATING INCIDENT REPORT**  
**PREVIOUS EDITIONS ARE OBSOLETE**  
 Revised 10/2024

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](mailto: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 <input type="checkbox"/> M <input type="checkbox"/> F	OPERATOR'S EXPERIENCE ON THIS VESSEL <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> unknown		OPERATOR'S FORMAL BOATING INSTRUCTION (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> State Course <input type="checkbox"/> USCG Aux. Course <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown	
E-MAIL		OPERATOR'S PHONE NUMBER			OPERATOR'S EXPERIENCE ON OTHER VESSELS <input type="checkbox"/> Under 20 hours <input type="checkbox"/> 100 to 500 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> Over 500 hours <input type="checkbox"/> unknown			
		OPERATOR'S SAFE BOATING OR PWC CERTIFICATE #						

NAME AND ADDRESS OF OWNER <input type="checkbox"/> SAME AS ABOVE		RENTED VESSEL? <input type="checkbox"/> Y <input type="checkbox"/> N	NUMBER OF PEOPLE ONBOARD	NUMBER OF PEOPLE BEING TOWED <i>ex. skier, tuber</i>
--	--	---	--------------------------	---

REGISTRATION NUMBER	STATE	MAKE	MODEL & YEAR	HULL IDENTIFICATION NUMBER	VESSEL NAME	
TYPE OF VESSEL <input type="checkbox"/> Air Boat <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> PWC <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Sail ONLY <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Kayak <input type="checkbox"/> Standup Paddleboard <input type="checkbox"/> Other		HULL MATERIAL <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other		ENGINE TYPE <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other	PROPULSION <input type="checkbox"/> Propeller <input type="checkbox"/> Manual <input type="checkbox"/> Water Jet <input type="checkbox"/> Sail <input type="checkbox"/> Air Thrust <input type="checkbox"/> Other	ENGINES No. _____ Total HP _____ FUEL TYPE <input type="checkbox"/> Gasoline <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other _____

**SAFETY EQUIPMENT ON VESSEL**

PERSONAL FLOTATION DEVICES Number of Life Jackets Onboard: _____	Were They USCG approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were They Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were They Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No	Given A VSC Sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRE EXTINGUISHERS Number of Fire Extinguishers and Type: _____	Were They Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	ORGANIZATION THAT CONDUCTED THE VESSEL SAFETY CHECK <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> DEEP <input type="checkbox"/> Other _____			

**INCIDENT DETAILS**

DATE OF INCIDENT	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	# VESSELS INVOLVED	NAME OF WATER BODY	EXACT LOCATION <i>If possible, provide Latitude and Longitude</i>	NEAREST TOWN	
WEATHER CONDITIONS <input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy <input type="checkbox"/> Foggy <input type="checkbox"/> Snowing <input type="checkbox"/> Other _____		WAVE CONDITIONS <input type="checkbox"/> Calm (Under 6in.) <input type="checkbox"/> Choppy (6in. - 2ft.) <input type="checkbox"/> Rough (2ft. - 6ft.) <input type="checkbox"/> Very Rough (over 6ft.)	WIND <input type="checkbox"/> None <input type="checkbox"/> Light (0 - 12 mph) <input type="checkbox"/> Moderate (13- 24 mph) <input type="checkbox"/> Strong (25- 54 mph) <input type="checkbox"/> Stormy (55 mph & Over)	VISIBILITY <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Fair TIME OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night	EST. AIR TEMP _____ °F EST. WATER TEMP _____ °F	STRONG CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No CONGESTED WATERS? <input type="checkbox"/> Yes <input type="checkbox"/> No HAZARDOUS WATERS? <input type="checkbox"/> Yes <input type="checkbox"/> No

ESTIMATED SPEED <input type="checkbox"/> 0 - 10 mph <input type="checkbox"/> None <input type="checkbox"/> 11 -20 mph <input type="checkbox"/> 21 - 40 mph <input type="checkbox"/> Over 40 mph	OPERATOR/PASSENGER ACTIVITIES (Check all applicable) <input type="checkbox"/> <b>Recreational</b> <input type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> White Water Activity <input type="checkbox"/> Tubing <input type="checkbox"/> Waterskiing <input type="checkbox"/> Starting Engine <input type="checkbox"/> Making Repairs <input type="checkbox"/> Relaxing <input type="checkbox"/> Other: (list) _____	INCIDENT EVENTS (Check all applicable) <input type="checkbox"/> Collision w/ Vessel <input type="checkbox"/> Collision w/ Fixed Object (Allision) <input type="checkbox"/> Collision w/ Floating Object <input type="checkbox"/> Sinking <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Swamping <input type="checkbox"/> Flooding <input type="checkbox"/> Fire / Explosion (Non-Fuel) <input type="checkbox"/> Fire / Explosion (Fuel) <input type="checkbox"/> Engine (propulsion) or Generator related <input type="checkbox"/> Not Engine (propulsion) or Generator related <input type="checkbox"/> Fire / Explosion (Unk Origin ) <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Carbon Monoxide Exposure <input type="checkbox"/> Person Struck By Vessel <input type="checkbox"/> Person Fell Overboard <input type="checkbox"/> Sudden Medical Condition <input type="checkbox"/> Person Departs Vessel Voluntarily <input type="checkbox"/> Towed Watersport Mishap <input type="checkbox"/> Person Ejected from Vessel <input type="checkbox"/> Natural Phenomena <input type="checkbox"/> Person Impacts Vessel <input type="checkbox"/> Impacted By Vessel <input type="checkbox"/> Person Struck By Propeller/ Propulsion Unit/Water Jet <input type="checkbox"/> Other _____	CONTRIBUTING FACTORS (check all applicable) <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Improper Loading <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Lookout <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Language Barrier <input type="checkbox"/> Navigation Rules Violation <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Ignition of Fuel or Vapors <input type="checkbox"/> Congested Waters <input type="checkbox"/> Machinery Failure (check applicable below) <input type="checkbox"/> Engine <input type="checkbox"/> Electrical Sys. <input type="checkbox"/> Fuel System <input type="checkbox"/> Radio <input type="checkbox"/> Throttle <input type="checkbox"/> Shift <input type="checkbox"/> People on Gunwale/Bow/Transom <input type="checkbox"/> Force of Wake/Wave <input type="checkbox"/> Heavy Weather <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Hull Failure <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Restricted Vision (ex., fog) <input type="checkbox"/> Missing/Inadequate Aids to Nav. <input type="checkbox"/> Inadequate On-Board Nav. Lights <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Passenger or Skier Behavior <input type="checkbox"/> Failure to Yield <input type="checkbox"/> Lack of/Improper ski observer <input type="checkbox"/> Careless/Reckless Operation <input type="checkbox"/> Other (describe) _____ <input type="checkbox"/> Equipment Failure (check applicable below) <input type="checkbox"/> Auxiliary Equipment <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Sound Equip. (ex. horn) <input type="checkbox"/> Other: _____
OPERATION AT TIME OF INCIDENT (Check all applicable) <input type="checkbox"/> Cruising (underway under power) <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Racing <input type="checkbox"/> Sailing <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock / Mooring <input type="checkbox"/> Rowing / Paddling <input type="checkbox"/> Drifting <input type="checkbox"/> Being Towed <input type="checkbox"/> Towing Another Vessel <input type="checkbox"/> Launching <input type="checkbox"/> Docking / Undocking <input type="checkbox"/> Other: (list) _____			

**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) \$ _____	

**INCIDENT DESCRIPTION**

DESCRIBE WHAT HAPPENED (Include a sequence of events and what in your opinion caused the incident. 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 incident 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: \_\_\_\_\_