



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  
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deep.boating@ct.gov

PD Case No.

Department

**SUMMARY OF INVESTIGATOR'S REPORT**

DATE OF INCIDENT		TIME	TOWN OF INCIDENT		BODY OF WATER		
COUNTY		STATE	EXACT LOCATION				
		CT					
NO. OF VESSELS	NO. OF DEATHS	NO. OF INJURIES	COORDINATES (Degrees, Minutes, Seconds)			COORDINATES (GPS Style: Degrees, Decimal Minutes)	
			° ' " N	° ' " W	° . ' N	° . ' W	
PRIMARY CAUSE OF INCIDENT (from pg 3)			VESSEL DAMAGE ESTIMATE		OTHER PROPERTY DAMAGE ESTIMATE		

**VESSELS INVOLVED IN INCIDENT**

(To record more than two vessels use 'Additional Vessel' page.)

VESSEL #				VESSEL #					
OPERATOR INFORMATION				OPERATOR INFORMATION					
LAST NAME		FIRST NAME		IS OWNER?	LAST NAME		FIRST NAME		IS OWNER?
ADDRESS (Street, Town, State, Zip Code)					ADDRESS (Street, Town, State, Zip Code)				
PHONE NUMBER					PHONE NUMBER				
D.O.B.	AGE	SEX	SBC / CPWO #		D.O.B.	AGE	SEX	SBC / CPWO #	
BOATING EXPERIENCE (THIS VESSEL)			BOATING EXPERIENCE (OTHER VESSELS)		BOATING EXPERIENCE (THIS VESSEL)			BOATING EXPERIENCE (OTHER VESSELS)	
BOATING EDUCATION			OTHER		BOATING EDUCATION			OTHER	
OTHER BOATING INCIDENT(S)			DISABILITY	ON MEDICATION	OTHER BOATING INCIDENT(S)			DISABILITY	ON MEDICATION
HAS BEEN DRINKING ALCOHOL			UNDER THE INFLUENCE		HAS BEEN DRINKING ALCOHOL			UNDER THE INFLUENCE	
SIGNS OF ALCOHOL/DRUG USE					SIGNS OF ALCOHOL/DRUG USE				
WEARING PFD			USING SAFETY LANYARD		WEARING PFD			USING SAFETY LANYARD	

CASE STATUS

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

## VESSELS INVOLVED IN INCIDENT (Continued...)

## VESSEL #

## VESSEL #

## OWNER INFORMATION

## OWNER INFORMATION

LAST NAME FIRST NAME LAST NAME FIRST NAME

ADDRESS (Street, Town, State, Zip Code)

ADDRESS (Street, Town, State, Zip Code)

PHONE NUMBER

PHONE NUMBER

RELATIONSHIP TO OPERATOR

RENTED BOAT

RELATIONSHIP TO OPERATOR

RENTED BOAT

IF YES, LIST RENTER

IF YES, LIST RENTER

## VESSEL INFORMATION

## VESSEL INFORMATION

REGISTRATION NO. STATE HULL IDENTIFICATION NO. REGISTRATION NO. STATE HULL IDENTIFICATION NO.

VESSEL MAKE VESSEL MODEL VESSEL NAME VESSEL MAKE VESSEL MODEL VESSEL NAME

VESSEL TYPE OTHER VESSEL TYPE OTHER

HULL MATERIAL OTHER HULL MATERIAL OTHER

YEAR VESSEL BUILT LENGTH BEAM (WIDTH) DRAFT (DEPTH) YEAR VESSEL BUILT LENGTH BEAM (WIDTH) DRAFT (DEPTH)  
Ft. In. Ft. In.

NO. ENGINES ENGINE DRIVE TYPE FUEL PROPULSION NO. ENGINES ENGINE DRIVE TYPE FUEL PROPULSION

ENGINE MAKE YEAR ENGINE BUILT ENGINE H.P. TOTAL H.P. ENGINE MAKE YEAR ENGINE BUILT ENGINE H.P. TOTAL H.P.  
H.P. H.P. H.P. H.P.CAPACITY PLATE INFO: MAX PERSONS MAX PERS LBS MAX LBS MAX H.P. CAPACITY PLATE INFO: MAX PERSONS MAX PERS LBS MAX LBS MAX H.P.  
Lbs. Lbs. H.P. Lbs. Lbs. H.P.

## INSURANCE - SAFETY DEVICES

## INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL PRESENT LOCATION OF VESSEL

WHERE RECOVERED

WHERE RECOVERED

INSURANCE COMPANY POLICY NUMBER INSURANCE COMPANY POLICY NUMBER

NO. LIFE JACKETS ON BOARD USCG APPROVED WERE THEY USED WERE THEY ACCESSIBLE NO. LIFE JACKETS ON BOARD USCG APPROVED WERE THEY USED WERE THEY ACCESSIBLE

VESSEL SAFETY CHECK WITHIN PAST YEAR ORGANIZATION CONDUCTING V.S.C. VESSEL SAFETY CHECK WITHIN PAST YEAR ORGANIZATION CONDUCTING V.S.C.

REQUIRED SAFETY EQUIPMENT ON BOARD? NO. FIRE EXTINGUISHERS NO. USED TYPE REQUIRED SAFETY EQUIPMENT ON BOARD? NO. FIRE EXTINGUISHERS NO. USED TYPE

## PASSENGER INFORMATION

## PASSENGER INFORMATION

For additional passengers on this vessel, use the table on page 6.

For additional passengers on this vessel, use the table on page 6.

LAST NAME FIRST NAME LAST NAME FIRST NAME

ADDRESS (Street, Town, State, Zip Code) WEARING PFD ADDRESS (Street, Town, State, Zip Code) WEARING PFD

PHONE NUMBER D.O.B. PHONE NUMBER D.O.B.

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

**INCIDENT DETAILS**

**ENVIRONMENTAL CONDITIONS**

WEATHER	WATER CONDITIONS	STRONG CURRENT	CONGESTED WATERS	HAZARDOUS WATERS (e.g. Rapid Tidal Flows, Currents, etc.)	
WIND	VISIBILITY	TIME OF DAY	WEATHER ENCOUNTERED	AIR TEMPERATURE (EST) °F	WATER TEMPERATURE (EST) °F

**TYPE OF INCIDENT**

CHAIN OF EVENTS IN INCIDENT SEQUENCE

First Occurrence	Fourth Occurrence
Second Occurrence	Fifth Occurrence
Third Occurrence	Sixth Occurrence

**CAUSE(S) OF INCIDENT- Investigator's Opinion**

IN ORDER OF PRIORITY

First Cause	Fourth Cause
Second Cause	Fifth Cause
Third Cause	Sixth Cause

If Machinery Failure (specify)

If Equipment Failure (specify)

**VESSEL #**

**VESSEL #**

**VESSEL ACTIVITY AT TIME OF INCIDENT**

**VESSEL ACTIVITY AT TIME OF INCIDENT**

SELECT ALL THAT APPLY

SELECT ALL THAT APPLY

Activity 1	Activity 1
Activity 2	Activity 2
Activity 3	Activity 3
Other: _____	Other: _____

**VESSEL OPERATION AT TIME OF INCIDENT**

**VESSEL OPERATION AT TIME OF INCIDENT**

SELECT ALL THAT APPLY

SELECT ALL THAT APPLY

Operation 1	Operation 1
Operation 2	Operation 2
Operation 3	Operation 3
Other: _____	Other: _____

**VESSEL ATTITUDE AT TIME OF INCIDENT**

**VESSEL ATTITUDE AT TIME OF INCIDENT**

ATTITUDE AT TIME OF INCIDENT

ATTITUDE AT TIME OF INCIDENT

**DAMAGE TO VESSEL**

**DAMAGE TO VESSEL**

DESCRIBE DAMAGE TO VESSEL

DESCRIBE DAMAGE TO VESSEL

INVESTIGATOR'S SIGNATURE

BADGE NO.

DATE

SUPERVISOR'S SIGNATURE

BADGE NO.

DATE

## INJURED PERSON(S)

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

VICTIM 1				VICTIM 2			
VICTIM'S LAST NAME		VICTIM'S FIRST NAME		VICTIM'S LAST NAME		VICTIM'S FIRST NAME	
ADDRESS (Street, Town, State, Zip Code)				ADDRESS (Street, Town, State, Zip Code)			
PHONE NUMBER				PHONE NUMBER			
D.O.B.	AGE	SEX	ON BOARD VESSEL #	D.O.B.	AGE	SEX	ON BOARD VESSEL #
RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED		RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED	
NATURE OF INJURY (PRIMARY)		NATURE OF INJURY (SECONDARY)		NATURE OF INJURY (PRIMARY)		NATURE OF INJURY (SECONDARY)	
BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY		BODY PART OF MOST SERIOUS INJURY		CAUSE OF INJURY	
CAUSE OF INJURY-OTHER				CAUSE OF INJURY-OTHER			
VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)		VICTIM SWIMMING ABILITY		VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)		VICTIM SWIMMING ABILITY	
ALCOHOL USE APPARENT		DRUG USE APPARENT		ALCOHOL USE APPARENT		DRUG USE APPARENT	
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS	WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS

## MISSING/DECEASED

VICTIM 1				VICTIM 2			
VICTIM'S LAST NAME		VICTIM'S FIRST NAME		VICTIM'S LAST NAME		VICTIM'S FIRST NAME	
ADDRESS (Street, Town, State, Zip Code)				ADDRESS (Street, Town, State, Zip Code)			
PHONE NUMBER				PHONE NUMBER			
D.O.B.	AGE	SEX	ON BOARD VESSEL #	D.O.B.	AGE	SEX	ON BOARD VESSEL #
RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED		RECEIVED TREATMENT BEYOND FIRST AID		HOSPITALIZED	
CAUSE OF DEATH		OTHER		CAUSE OF DEATH		OTHER	
INJURY CAUSED BY				INJURY CAUSED BY			
VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)		VICTIM SWIMMING ABILITY		VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)		VICTIM SWIMMING ABILITY	
ALCOHOL USE APPARENT	BLOOD ALCOHOL LEVEL	DRUG USE APPARENT	DRUG TYPE	ALCOHOL USE APPARENT	BLOOD ALCOHOL LEVEL	DRUG USE APPARENT	DRUG TYPE
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS	WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE	PFD COMMENTS

INVESTIGATOR'S SIGNATURE

BADGE NO.

DATE

SUPERVISOR'S SIGNATURE

BADGE NO.

DATE

**WITNESSES**

REFER TO REPORT NARRATIVE FOR STATEMENTS AND INFORMATION PROVIDED BY WITNESSES

<i><b>WITNESS 1</b></i>		<i><b>WITNESS 2</b></i>	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS (Street, Town, State, Zip Code)		ADDRESS (Street, Town, State, Zip Code)	
PHONE NUMBER		PHONE NUMBER	
<i><b>WITNESS 3</b></i>		<i><b>WITNESS 4</b></i>	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
ADDRESS (Street, Town, State, Zip Code)		ADDRESS (Street, Town, State, Zip Code)	
PHONE NUMBER		PHONE NUMBER	

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

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

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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INCIDENT NARRATIVE (Continued...)

INVESTIGATOR'S SIGNATURE	BADGE NO.	DATE	SUPERVISOR'S SIGNATURE	BADGE NO.	DATE
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**ADDITIONAL INJURED - MISSING - DECEASED** (Continued from page 4.)

**VICTIM 3****VICTIM 4**

VICTIM'S LAST NAME				VICTIM'S FIRST NAME				VICTIM'S LAST NAME				VICTIM'S FIRST NAME			
ADDRESS (Street, Town, State, Zip Code)								ADDRESS (Street, Town, State, Zip Code)							
PHONE NUMBER				PHONE NUMBER				PHONE NUMBER				PHONE NUMBER			
D.O.B.		AGE	SEX	STATUS		ON BOARD VESSEL #		D.O.B.		AGE	SEX	STATUS		ON BOARD VESSEL #	
RECEIVED TREATMENT BEYOND FIRST AID				HOSPITALIZED				RECEIVED TREATMENT BEYOND FIRST AID				HOSPITALIZED			
NATURE OF PRIMARY INJURY				NATURE OF SECONDARY INJURY				NATURE OF PRIMARY INJURY				NATURE OF SECONDARY INJURY			
BODY PART OF MOST SERIOUS INJURY				CAUSE OF INJURY				BODY PART OF MOST SERIOUS INJURY				CAUSE OF INJURY			
CAUSE OF DEATH				OTHER				CAUSE OF DEATH				OTHER			
VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)				VICTIM SWIMMING ABILITY				VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)				VICTIM SWIMMING ABILITY			

ALCOHOL USE APPARENT				DRUG USE APPARENT				ALCOHOL USE APPARENT				DRUG USE APPARENT					
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE		PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE		PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE		PFD COMMENTS	

**VICTIM 5****VICTIM 6**

VICTIM'S LAST NAME				VICTIM'S FIRST NAME				VICTIM'S LAST NAME				VICTIM'S FIRST NAME			
ADDRESS (Street, Town, State, Zip Code)								ADDRESS (Street, Town, State, Zip Code)							
PHONE NUMBER				PHONE NUMBER				PHONE NUMBER				PHONE NUMBER			
D.O.B.		AGE	SEX	STATUS		ON BOARD VESSEL #		D.O.B.		AGE	SEX	STATUS		ON BOARD VESSEL #	
RECEIVED TREATMENT BEYOND FIRST AID				HOSPITALIZED				RECEIVED TREATMENT BEYOND FIRST AID				HOSPITALIZED			
NATURE OF PRIMARY INJURY				NATURE OF SECONDARY INJURY				NATURE OF PRIMARY INJURY				NATURE OF SECONDARY INJURY			
BODY PART OF MOST SERIOUS INJURY				CAUSE OF INJURY				BODY PART OF MOST SERIOUS INJURY				CAUSE OF INJURY			
CAUSE OF DEATH				OTHER				CAUSE OF DEATH				OTHER			
VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)				VICTIM SWIMMING ABILITY				VICTIM'S INVOLVEMENT (e.g. Skier, Passenger, etc)				VICTIM SWIMMING ABILITY			

ALCOHOL USE APPARENT				DRUG USE APPARENT				ALCOHOL USE APPARENT				DRUG USE APPARENT					
WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE		PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE		PFD COMMENTS		WAS PFD WORN	TYPE OF PFD	PFD PERFORMANCE		PFD COMMENTS	

INVESTIGATOR'S SIGNATURE			BADGE NO.	DATE	SUPERVISOR'S SIGNATURE			BADGE NO.	DATE
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## ADDITIONAL VESSEL(S)

(Continued from page 2.)

## VESSEL #

## OPERATOR INFORMATION

LAST NAME		FIRST NAME		ADDRESS (Street, Town, State, Zip Code)			IS OWNER?
				PHONE NUMBER			
D.O.B.	AGE	SEX	SBC / CPWO #		BOATING EXPERIENCE (THIS VESSEL)		BOATING EXPERIENCE (OTHER VESSELS)
BOATING EDUCATION		OTHER		OTHER BOATING INCIDENT(S)		DISABILITY	ON MEDICATION
HAS BEEN DRINKING ALCOHOL		UNDER THE INFLUENCE	SIGNS OF ALCOHOL/DRUG USE		WEARING PFD		USING SAFETY LANYARD

## OWNER INFORMATION

LAST NAME		FIRST NAME		ADDRESS (Street, Town, State, Zip Code)		
				PHONE NUMBER		
RELATIONSHIP TO OPERATOR		RENTED BOAT	IF YES, LIST RENTER			

## VESSEL INFORMATION

REGISTRATION NO.	STATE	HULL IDENTIFICATION NO.		VESSEL MAKE		VESSEL MODEL				
VESSEL NAME		VESSEL TYPE		OTHER		HULL MATERIAL		OTHER		
YEAR VESSEL BUILT	LENGTH	BEAM (WIDTH)		DRAFT (DEPTH)		CAPACITY PLATE	INFO: MAX PERSONS	MAX PERS LBS	MAX LBS	MAX H.P.
	Ft.	In.	Ft.	In.	Ft.	In.		Lbs.	Lbs.	H.P.
NO ENGINES	ENGINE DRIVE TYPE	FUEL	PROPULSION		ENGINE MAKE		YEAR ENGINE BUILT	ENGINE H.P.	TOTAL H.P.	
								H.P.	H.P.	

## INSURANCE - SAFETY DEVICES

PRESENT LOCATION OF VESSEL				WHERE RECOVERED			
INSURANCE COMPANY		POLICY NUMBER		NO. LIFE JACKETS ON BOARD	USCG APPROVED	WERE THEY USED	WERE THEY ACCESSIBLE
VESSEL SAFETY CHECK WITHIN PAST YEAR		ORGANIZATION CONDUCTING V.S.C.		REQUIRED SAFETY EQUIPMENT ON BOARD?		NO. FIRE EXTINGUISHERS	NO. USED TYPE

## VESSEL ACTIVITY AT TIME OF INCIDENT

CHECK ALL THAT APPLY

Fueling  Making Repairs  Tournament  Hunting  Whitewater Activity  Racing  Other: \_\_\_\_\_

Fishing  Starting Engine  Commercial  Relaxing  Scuba / Snorkeling  Swimming / Diving  Waterskiing / Tubing

## VESSEL OPERATION AT TIME OF INCIDENT

CHECK ALL THAT APPLY

Cruising  Rowing / Paddling  Drifting  Changing Direction  Towing  Other: \_\_\_\_\_

Sailing  Docked / Moored  At Anchor  Changing Speed  Being Towed  Commercial  Launching

## VESSEL ATTITUDE AT TIME OF INCIDENT

## DAMAGE TO VESSEL

ATTITUDE AT TIME OF INCIDENT	DESCRIBE DAMAGE TO VESSEL
List any passengers on this vessel on page 6.	

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