



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

SHORT FORM-INVESITGATOR'S REPORT

REV 2/24

Short form may only be used if damage is less than \$2,000, there are no injuries, and no deaths as a result of the incident.

INVESTIGATOR'S REPORT

DATE OF INCIDENT		TIME	TOWN OF INCIDENT		BODY OF WATER			
COUNTY		STATE	EXACT LOCATION					
		CT						
NO. OF VESSELS		COORDINATES (Degrees, Minutes, Seconds)			COORDINATES (GPS Style: Degrees, Decimal Minutes)			
		° ' " N ° ' " W			° . ' N ° . ' W			
ALCOHOL USE APPARENT	USED BY		DRUG USE APPARENT	USED BY		VESSEL DAMAGE ESTIMATE	OTHER PROPERTY DAMAGE ESTIMATE	
VESSEL/PROPERTY DAMAGE DESCRIPTION								
PRIMARY TYPE OF INCIDENT				SECONDARY TYPE OF INCIDENT				
PRIMARY CAUSE OF INCIDENT		OTHER CAUSE		SECONDARY CAUSE OF INCIDENT		OTHER CAUSE	TERTIARY CAUSE OF INCIDENT	OTHER CAUSE
WEATHER		WATER CONDITIONS		STRONG CURRENT		CONGESTED WATERS	HAZARDOUS WATERS	
WIND		VISIBILITY		TIME OF DAY		WEATHER ENCOUNTERED	AIR TEMPERATURE	WATER TEMPERATURE
						°F	°F	

VESSELS INVOLVED IN INCIDENT

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)			WEARING PFD		USING SAFETY LANYARD		OTHER BOATING INCIDENT(S)			WEARING PFD		USING SAFETY LANYARD	

CASE STATUS

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

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 EMAIL ADDRESS PHONE NUMBER EMAIL ADDRESS

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. Ft. In. Ft. In. Ft. In. Ft. In. 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.

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

VESSEL # LAST NAME FIRST NAME PFD? D.O.B. VESSEL # LAST NAME FIRST NAME PFD? D.O.B.

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

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