

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5578 (6/94)	BOAT OWNER'S REPORT - POSSIBLE SAFETY DEFECT U.S. Coast Guard Office of Boating Safety	OMB NO. 1625-0071 (Expires 9/30/2006)
OWNER INFORMATION		
LAST NAME	FIRST NAME & MIDDLE INITIAL	TELEPHONE NO. (W/AREA CODE) Work: Home:
STREET ADDRESS	CITY	STATE ZIP CODE
BOAT AND ENGINE INFORMATION		
BOAT MANUFACTURER	MODEL YEAR	MODEL NAME
HULL IDENTIFICATION NUMBER*		
*Twelve character manufacturer serial number on outboard starboard side of transom also shown on State registration certificate		
BOAT LENGTH	BOAT TYPE (Ex. bowrider, cuddy cabin, runabout, personal watercraft, etc.)	
DATE PURCHASED	DEALER'S NAME AND ADDRESS	
NEW <input type="checkbox"/>	USED <input type="checkbox"/>	RECREATIONAL USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/>
ENGINE AND DRIVE MANUFACTURER	MODEL YEAR	MODEL NAME OR NO.
GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> INBOARD <input type="checkbox"/> OUTBOARD <input type="checkbox"/> I/O <input type="checkbox"/> JET <input type="checkbox"/> SAIL <input type="checkbox"/> MANUAL <input type="checkbox"/> OTHER* <input type="checkbox"/>		
APPLICABLE ACCIDENT INFORMATION		
ACCIDENT	NO. INJURIES	NO. FATALITIES
ESTIMATED PROPERTY DAMAGE (\$)		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	
NAME(S) OF DECEASED	AGE(S) OF DECEASED	ACCIDENT DATE & LOCATION
DESCRIPTION OF ACCIDENT		
Privacy Act Statement (The Privacy Act of 1974, Public Law 93-579) This information is requested pursuant to authority in 46 U.S.C. 4310(f) (formerly the Federal Boat Safety Act of 1971). You are under no obligation to respond to this questionnaire. Your response may be used to assist the Coast Guard in determining whether a manufacturer should take appropriate action to correct a safety defect. If the Coast Guard proceeds with administrative enforcement or litigation against a manufacturer, your response, or a summary thereof, may be used in support of the Coast Guard's action. The Coast Guard estimates that the average burden for this report form is 24 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-PCB-3), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625- 0071), Washington, DC 20503.		

