U.S. DEPARTMENT OF HOMELAND SECURITY U. S. COAST GUARD CG-3865 (Rev. 12-06)	BOATING ACCIDENT REPORT	FORM APPROVED OMB NO. 1625-0003 EXPIRATION DATE

THE OPERATOR OF A VESSEL IS REQUIRED TO SUBMIT A REPORT IN WRITING TO THE STATE REPORTING AUTHORITY WHEN AS A RESULT OF AN OCCURRENCE THAT INVOLVES THE VESSEL OR ITS EQUIPMENT: (1) A PERSON DIES; OR (2) A PERSON IS INJURED AND REQUIRES MEDICAL TREATMENT BEYOND FIRST AID; OR (3) DAMAGE TO THE VESSEL AND OTHER PROPERTY TOTALS $2,000 OR MORE OR THERE IS A COMPLETE LOSS OF THE VESSEL; OR (4) A PERSON DISAPPEARS FROM THE VESSEL UNDER CIRCUMSTANCES THAT INDICATE DEATH OR INJURY. REPORTING AUTHORITIES MAY REQUIRE REPORTS OF PROPERTY DAMAGE LESS THAN $ 2,000. THIS REPORT MUST BE SUBMITTED WITHIN 48 HOURS OF THE OCCURRENCE IF A PERSON DIES, IS INJURED, OR DISAPPEARS FROM THE VESSEL. THE REPORT MUST BE SUBMITTED WITHIN 10 DAYS OF THE OCCURRENCE IF THERE IS ONLY DAMAGE TO THE VESSEL AND OTHER PROPERTY.
THE OWNER OF THE VESSEL SHALL SUBMIT THIS REPORT TO THE STATE REPORTING AUTHORITY IF THE OPERATOR CANNOT.

OVERALL ACCIDENT INFORMATION – TO BE COMPLETED BY THE OPERATOR OF THIS VESSEL (VESSEL A)

STATE	DATE OF ACCIDENT	TIME ☐ AM ☐ PM	NUMBER OF VESSELS INVOLVED
COUNTY		LOCATION ON THE WATER	
NEAREST CITY OR TOWN		NAME OF BODY OF WATER	

WEATHER FORECASTS / REPORTS AVAILABLE TO AND USED BY THE OPERATOR BEFORE AND DURING USE OF THE VESSEL ☐ YES ☐ NO

WEATHER (CHECK ALL THAT APPLY))	WATER CONDITIONS	WIND	VISIBILITY	ESTIMATED TEMPERATURE (DEGREES FAHRENHEIT)
☐ CLEAR ☐ RAIN	☐ CALM (WAVES LESS THAN 6")	☐ NONE	DAY NIGHT	AIR ( )
☐ CLOUDY ☐ SNOW	☐ CHOPPY (WAVES 6" TO 2')	☐ LIGHT (0 - 12 MPH)	☐ GOOD ☐	WATER ( )
☐ FOG ☐ HAZY	☐ ROUGH (WAVES 2' TO 6')	☐ MODERATE (13 - 24 MPH)	☐ FAIR ☐	STRONG CURRENT
	☐ VERY ROUGH (GREATER THAN 6')	☐ STRONG (25 - 54 MPH)	☐ POOR ☐	☐ YES ☐ NO
		☐ STORM (55 MPH AND OVER)		

OPERATOR INFORMATION – TO BE COMPLETED BY THE OPERATOR OF VESSEL A

NAME	LAST	FIRST	MIDDLE INITIAL	☐ MALE ☐ FEMALE
ADDRESS	STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ( )		DATE OF BIRTH (MO/DAY/YR)		AGE IN YEARS

EXPERIENCE OPERATING THIS VESSEL
☐ UNDER 10 HOURS ☐ 10 TO 100 HOURS ☐ 100 TO 500 HOURS
☐ OVER 500 HOURS ☐ OTHER (SPECIFY)

FORMAL INSTRUCTION (TRAINING) COURSE COMPLETED IN BOATING SAFETY
☐ NONE ☐ STATE COURSE ☐ USCG AUXILIARY ☐ U.S. POWER SQUADRONS
☐ INTERNET (SPECIFY) ☐ OTHER (SPECIFY)

OPERATOR WEARING A USCG APPROVED LIFE JACKET AT THE TIME OF THE ACCIDENT ☐ YES ☐ NO

OPERATOR WEARING A SAFETY LANYARD (ENGINE SHUT OFF DEVICE) AT THE TIME OF THE ACCIDENT ☐ YES ☐ NO

INFORMATION ASSOCIATED WITH VESSEL A – TO BE COMPLETED BY THE OPERATOR OF VESSEL A

NUMBER OF PERSONS WHO DIED	NUMBER OF PERSONS DISAPPEARED	WAS VESSEL A TOTAL LOSS ☐ YES ☐ NO
NUMBER OF PERSONS INJURED REQUIRING MEDICAL TREATMENT BEYOND FIRST AID		AMOUNT OF DAMAGE TO THIS VESSEL $
AMOUNT OF DAMAGE TO OTHER PROPERTY $	TOTAL PROPERTY DAMAGE AMOUNT $	
DESCRIBE VESSEL DAMAGE	DESCRIBE OTHER PROPERTY DAMAGE	
VESSEL REGISTRATION NUMBER	HULL IDENTIFICATION NUMBER (HIN)	
VESSEL NAME	NAME OF VESSEL MANUFACTURER	
VESSEL MODEL	YEAR BUILT	VESSEL LENGTH (FEET AND INCHES)
VESSEL BEAM WIDTH AT WIDEST POINT (FEET AND INCHES)	DEPTH FROM TRANSOM (STERN) TO KEEL (BOTTOMMOST POINT) OF VESSEL	
VESSEL DOCUMENTATION NUMBER		NUMBER OF PERSONS ON BOARD VESSEL
RENTED VESSEL ☐ YES ☐ NO	CURRENT VESSEL SAFETY CHECK (VSC) DECAL ☐ YES ☐ NO	NUMBER OF PERSONS BEING TOWED

USCG APPROVED LIFE JACKETS ON BOARD THE VESSEL ☐ YES ☐ NO LIFE JACKETS ACCESSIBLE (CAPABLE OF BEING REACHED) ☐ YES ☐ NO NUMBER OF VESSEL OCCUPANTS (OPERATOR AND PASSENGERS) WEARING LIFE JACKETS AT THE TIME OF THE ACCIDENT	OPERATOR ARRESTED DUE TO BOATING UNDER THE INFLUENCE (BUI) FOR THIS ACCIDENT ONLY ☐ YES ☐ NO OPERATOR BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL	FIRE EXTINGUISHERS ON BOARD ☐ YES ☐ NO USED ☐ YES ☐ NO

VESSEL INFORMATION – TO BE COMPLETED BY THE OPERATOR OF VESSEL A

TYPE OF VESSEL

- ☐ AIR BOAT
- ☐ AUXILIARY SAIL
- ☐ CABIN MOTORBOAT
- ☐ CANOE
- ☐ HOUSEBOAT
- ☐ INFLATABLE
- ☐ KAYAK
- ☐ JET BOAT
- ☐ OPEN MOTORBOAT
- ☐ PERSONAL WATERCRAFT (PWC)
- ☐ PONTOON BOAT
- ☐ ROWBOAT
- ☐ SAIL (ONLY)
- ☐ OTHER (SPECIFY)

TYPE OF HULL MATERIAL

- ☐ FIBERGLASS
- ☐ ALUMINUM
- ☐ STEEL
- ☐ WOOD
- ☐ RUBBER / VINYL / CANVAS
- ☐ KEVLAR
- ☐ PLASTIC (ROYALEX, POLYETHYLENE)
- ☐ OTHER (SPECIFY)

TYPE OF ENGINE USED TO PROPEL THE VESSEL

- ☐ OUTBOARD
- ☐ STERNDRIVE - (I/O)
- ☐ INBOARD
- ☐ NONE

ENGINE (S) USED TO PROPEL THE VESSEL

NUMBER OF ENGINES

TOTAL HORSEPOWER

TYPE OF PROPULSION

- ☐ PROPELLER
- ☐ WATER JET
- ☐ MANUAL
- ☐ SAIL
- ☐ AIR THRUST
- ☐ OTHER (SPECIFY)

TYPE OF FUEL

- ☐ GASOLINE
- ☐ DIESEL
- ☐ ELECTRIC

OPERATION AT TIME OF ACCIDENT

- ☐ AT ANCHOR
- ☐ BEING TOWED
- ☐ CHANGING DIRECTION
- ☐ CHANGING SPEED
- ☐ CRUISING
- ☐ DOCKING / UNDOCKING
- ☐ DRIFTING
- ☐ LAUNCHING
- ☐ ROWING / PADDLING
- ☐ SAILING
- ☐ TIED TO DOCK / MOORING
- ☐ TOWING ANOTHER VESSEL
- ☐ OTHER (SPECIFY)

ACTIVITY AT TIME OF ACCIDENT

- ☐ COMMERCIAL ACTIVITY
- ☐ FISHING
- ☐ FISHING TOURNAMENT
- ☐ FUELING
- ☐ HUNTING
- ☐ MAKING REPAIRS
- ☐ RACING
- ☐ SCUBA DIVING / SNORKLING
- ☐ STARTING ENGINE
- ☐ SWIMMING
- ☐ TUBING
- ☐ WATER SKIING
- ☐ WHITEWATER ACTIVITY

TYPE OF ACCIDENT (NUMBER BY ORDER OF OCCURRENCE)

- ☐ CAPSIZING
- ☐ CARBON MONOXIDE EXPOSURE
- ☐ COLLISION WITH FIXED OBJECT
- ☐ COLLISION WITH FLOATING OBJECT
- ☐ COLLISION WITH VESSEL
- ☐ COLLISION WITH COMMERCIAL VESSEL
- ☐ PERSON DEPARTED VESSEL
- ☐ PERSON EJECTED FROM VESSEL
- ☐ ELECTROCUTION
- ☐ FALL WITHIN A VESSEL
- ☐ FALL ON A VESSEL
- ☐ FALLS OVERBOARD
- ☐ FIRE / EXPLOSION (FUEL)
- ☐ FIRE / EXPLOSION (OTHER THAN FUEL)
- ☐ FLOODING / SWAMPING
- ☐ GROUNDING
- ☐ SINKING
- ☐ SKIER MISHAP
- ☐ STRUCK BY A VESSEL
- ☐ STRUCK BY PROPELLER OR PROPULSION UNIT
- ☐ STRUCK SUBMERGED OBJECT
- ☐ OTHER (SPECIFY)

DID THE ACCIDENT RESULT IN A "HIT AND RUN"

☐ YES ☐ NO

VESSEL SPEED AT THE TIME OF THE ACCIDENT

☐ NOT MOVING ☐ UNDER 10 MPH
☐ 10 - 20 MPH ☐ 21 - 40 MPH ☐ OVER 40 MPH

CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)

- ☐ ALCOHOL USE
- ☐ CARELESS/RECKLESS OPERATION
- ☐ CONGESTED WATERS
- ☐ DAM / LOCK
- ☐ DRUG USE
- ☐ EQUIPMENT FAILURE
- ☐ EXCESSIVE SPEED
- ☐ FAILURE TO VENT
- ☐ FORCE OF WAKE / WAKE
- ☐ HAZARDOUS WATERS
- ☐ HULL FAILURE
- ☐ IGNITION OF SPILLED FUEL OR VAPOR
- ☐ IMPROPER ANCHORING
- ☐ IMPROPER LOADING
- ☐ LACK OF / OR IMPROPER BOAT LIGHTS
- ☐ MACHINERY FAILURE
- ☐ NO PROPER LOOKOUT
- ☐ NAVIGATION AID MISSING / INADEQUATE
- ☐ OPERATOR INATTENTION
- ☐ OPERATOR INEXPERIENCE
- ☐ OVERLOADING
- ☐ PASSENGER / SKIER BEHAVIOR
- ☐ RESTRICTED VISION
- ☐ RULES OF THE ROAD VIOLATION
- ☐ SHARP TURN
- ☐ STANDING / SITTING ON GUNWHALE, BOW, OR TRANSOM
- ☐ STARTING IN GEAR
- ☐ SUDDEN MEDICAL CONDITION (HEART ATTACK, STROKE, SEIZURE)
- ☐ WEATHER (HEAVY)
- ☐ OTHER (SPECIFY):

SPECIFY "EQUIPMENT FAILURE"

- ☐ AUXILIARY EQUIPMENT FAILURE (e.g., GENERATOR)
- ☐ COMMUNICATION EQUIPMENT FAILURE
- ☐ FIRE EXTINGUISHER NOT SERVICEABLE
- ☐ SAIL DISMASTING
- ☐ SEAT BROKE LOOSE
- ☐ SOUND PRODUCING EQUIPMENT FAILURE
- ☐ VISUAL DISTRESS SIGNALS FAILED

SPECIFY "MACHINERY FAILURE"

- ☐ ELECTRIC SYSTEM FAILURE
- ☐ ENGINE FAILURE
- ☐ FUEL SYSTEM FAILURE
- ☐ SHIFT FAILURE
- ☐ STEERING SYSTEM FAILURE
- ☐ THROTTLE FAILURE
- ☐ VENTILATION SYSTEM FAILURE

INJURED VICTIMS ASSOCIATED WITH VESSEL A (IF MORE THAN 1 INJURY, ATTACH ADDITIONAL FORMS)

NAME	LAST	FIRST	MIDDLE INITIAL
ADDRESS	STREET	CITY	
AGE OF VICTIM	DATE OF BIRTH	STATE	ZIP CODE

INJURY REQUIRING MEDICAL TREATMENT BEYOND FIRST AID ☐ YES ☐ NO
WAS INJURED VICTIM ADMITTED TO A HOSPITAL ☐ YES ☐ NO

WAS A LIFE JACKET WORN BY THE VICTIM ☐ YES ☐ NO

WAS THE LIFE JACKET WORN BY THE VICTIM INFLATABLE ☐ YES ☐ NO

TYPE OF LIFE JACKET WORN ☐ TYPE I ☐ TYPE II ☐ TYPE III ☐ TYPE V

TYPE IV PERSONAL FLOTATION DEVICE (THROWABLE) USED ☐ YES ☐ NO

INJURY CAUSED BY (CHECK ALL THAT APPLY)

EXPOSURE TO ELEMENTS	☐ YES	☐ NO
IMPACT WITH FIXED / FLOATING OBJECT	☐ YES	☐ NO
IMPACT WITH VESSEL	☐ YES	☐ NO
IMPACT WITH WATER	☐ YES	☐ NO
BEING STRUCK BY THE VESSEL	☐ YES	☐ NO
BEING STRUCK BY THE PROPELLER	☐ YES	☐ NO

OTHER (PLEASE SPECIFY):

ALCOHOL USE APPARENT BY THE INJURED VICTIM ☐ YES ☐ NO

BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL:

DRUG USE APPARENT BY THE INJURED VICTIM ☐ YES ☐ NO

SPECIFY THE TYPE (S) OF DRUGS BEING USED:

TYPE OF PRIMARY INJURY (CHECK ONE IN EACH COLUMN BELOW)

BODY REGION (CHECK ONE)	NATURE OF INJURY (CHECK ONE)
☐ HEAD / FACE	☐ ABRASION / CONTUSION (BRUISE)
☐ NECK	☐ AMPUTATION
☐ BACK	☐ CARBON MONOXIDE POISONING
☐ CHEST / ABDOMEN	☐ CONCUSSION / BRAIN INJURY
☐ SHOULDER / ARM	☐ DISLOCATION
☐ WRIST / HAND / FINGER	☐ FRACTURE / BROKEN BONE
☐ PELVIS / HIP	☐ HEART ATTACK
☐ KNEE / LEG	☐ INTERNAL ORGAN INJURY
☐ ANKLE / FOOT / TOE	☐ LACERATION / CUT
☐ OTHER (SPECIFY):	☐ SPINAL CORD INJURY
	☐ SPRAIN / STRAIN
	☐ OTHER (SPECIFY):

VICTIM STATUS AT THE TIME OF THE ACCIDENT

☐ OPERATOR ☐ PASSENGER ☐ SWIMMER ☐ WATER SKIER
☐ OTHER (SPECIFY)

VICTIM ACTIVITY AT THE TIME OF THE ACCIDENT

☐ FISHING ☐ HUNTING ☐ SCUBA DIVING / SNORKLING
☐ SWIMMING ☐ TUBING ☐ WATERSKIING
☐ OTHER (SPECIFY):

DECEASED VICTIMS ASSOCIATED WITH VESSEL A (IF MORE THAN 1 DEATH, ATTACH ADDITIONAL FORMS)

NAME	LAST	FIRST	MIDDLE INITIAL
ADDRESS	STREET	CITY	
AGE OF VICTIM	DATE OF BIRTH	STATE	ZIP CODE

CAUSE OF DEATH

☐ DROWNING
☐ TRAUMA
☐ CARBON MONOXIDE POISONING
☐ HEART ATTACK
☐ HYPOTHERMIA
☐ ELECTROCUTION
☐ OTHER (SPECIFY)

WAS VICTIM STRUCK BY THE PROPELLER
☐ YES ☐ NO

WAS VICTIM STRUCK BY THE VESSEL
☐ YES ☐ NO

VICTIM STATUS AT THE TIME OF THE ACCIDENT

☐ OPERATOR
☐ PASSENGER
☐ SWIMMER
☐ WATER SKIER
☐ OTHER (SPECIFY):

WAS A LIFE JACKET WORN BY THE VICTIM ☐ YES ☐ NO
WAS THE LIFE JACKET WORN BY THE VICTIM INFLATABLE ☐ YES ☐ NO
TYPE OF LIFE JACKET WORN ☐ TYPE I ☐ TYPE II ☐ TYPE III ☐ TYPE V

TYPE IV PERSONAL FLOTATION DEVICE (THROWABLE) USED ☐ YES ☐ NO

VICTIM ACTIVITY AT THE TIME OF THE ACCIDENT

☐ FISHING ☐ HUNTING ☐ SCUBA DIVING / SNORKLING
☐ SWIMMING ☐ TUBING ☐ WATERSKIING
☐ OTHER (SPECIFY)

DISAPPEARANCE
☐ YES ☐ NO

ALCOHOL USE APPARENT BY THE VICTIM ☐ YES ☐ NO
BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL:

DRUG USE APPARENT BY THE VICTIM ☐ YES ☐ NO
TYPE(S) OF DRUGS BEING USED:

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS) AND CONTRIBUTING FACTORS. INCLUDE FAILURE OF MACHINERY OR EQUIPMENT. INCLUDE A DIAGRAM AND CONTINUE ON ADDITIONAL SHEETS IF NECESSARY. INCLUDE ANY INFORMATION REGARDING THE INVOLVEMENT OF ALCOHOL AND / OR DRUGS IN CAUSING OR CONTRIBUTING TO THE ACCIDENT. INCLUDE ANY DESCRIPTIVE INFORMATION ABOUT THE USE OF PERSONAL FLOATATION DEVICES (PFDS). PLEASE DO NOT LIST ANY PERSONAL IDENTIFIERS IN THIS SECTION -- SUCH AS NAMES OF INDIVIDUALS, TELEPHONE NUMBERS, STREET ADDRESSES, ETC. REFER TO INDIVIDUALS AS OPERATOR A, OPERATOR B, VICTIM 1, VICTIM 2, ETC. AND TO THE VESSEL(S) INVOLVED AS VESSEL A, VESSEL B, ETC. FOR EXAMPLE: OPERATOR OF VESSEL (A) DID NOT HAVE A PROPER LOOKOUT AND RAN INTO VESSEL (B) INJURING VICTIMS (1) AND (2) ON VESSEL (B).

WITNESSES FOR THIS ACCDENT (IF MORE THAN ONE – LIST ON A SEPARATE SHEET)

NAME	**LAST**	**FIRST**	**TELEPHONE NUMBER ( )**	
ADDRESS	**STREET**	**CITY**	**STATE**	**ZIP CODE**

OWNERS OF PROPERTY INVOLVED (IF MORE THAN ONE – LIST ON A SEPARATE SHEET)

NAME	**LAST**	**FIRST**	**TELEPHONE NUMBER ( )**	
ADDRESS	**STREET**	**CITY**	**STATE**	**ZIP CODE**

OWNER INFORMATION FOR VESSEL A

NAME	**LAST**	**FIRST**	**MIDDLE INITIAL**
ADDRESS	**STREET**	**CITY**	
TELEPHONE NUMBER ( )		**STATE**	**ZIP CODE**

PERSON SUBMITTING THIS REPORT FOR VESSEL A

STATUS OF PERSON COMPLETING THIS REPORT ☐ OPERATOR ☐ OWNER

☐ OTHER (OPERATOR AND OWNER ARE UNABLE TO COMPLETE THIS REPORT) -- SPECIFY WHO IS COMPLETING THIS REPORT:

NAME	**LAST**	**FIRST**	**TELEPHONE NUMBER ( )**	
ADDRESS	**STREET**	**CITY**	**STATE**	**ZIP CODE**
SIGNATURE			**DATE SUBMITTED**	

OPERATOR OR OWNER OF THE OTHER VESSEL (VESSEL B) INVOLVED IN THE ACCIDENT

EACH VESSEL OPERATOR OR OWNER IS REQUIRED TO FILE A SEPARATE AND COMPLETE REPORT

NAME	**LAST**	**FIRST**	**TELEPHONE NUMBER ( )**	
ADDRESS	**STREET**	**CITY**	**STATE**	**ZIP CODE**

FOR STATE AGENCY USE ONLY

OFFICIAL	**LAST NAME**	**FIRST**	**TELEPHONE NUMBER ( )**
PRIMARY CAUSE OF THE ACCIDENT		**SECONDARY CAUSE OF THE ACCIDENT**	
SIGNATURE OF REVIEWING OFFICIAL			**DATE REVIEWED**

An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number. The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-3PCB), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20593.