

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	
<p>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.</p>					
OVERALL ACCIDENT INFORMATION – TO BE COMPLETED BY THE OPERATOR OF THIS VESSEL (VESSEL A)					
STATE		DATE OF ACCIDENT		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
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 <input type="checkbox"/> YES <input type="checkbox"/> NO					
WEATHER (CHECK ALL THAT APPLY) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY		WATER CONDITIONS <input type="checkbox"/> CALM (WAVES LESS THAN 6") <input type="checkbox"/> CHOPPY (WAVES 6" TO 2') <input type="checkbox"/> ROUGH (WAVES 2' TO 6') <input type="checkbox"/> VERY ROUGH (GREATER THAN 6')		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"/> STORM (55 MPH AND OVER)	
				VISIBILITY DAY NIGHT <input type="checkbox"/> GOOD <input type="checkbox"/> <input type="checkbox"/> FAIR <input type="checkbox"/> <input type="checkbox"/> POOR <input type="checkbox"/>	
				ESTIMATED TEMPERATURE (DEGREES FAHRENHEIT) AIR () WATER () STRONG CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
OPERATOR INFORMATION – TO BE COMPLETED BY THE OPERATOR OF VESSEL A					
NAME		LAST		FIRST	
ADDRESS		STREET		MIDDLE INITIAL	
TELEPHONE NUMBER ()		CITY		STATE	
EXPERIENCE OPERATING THIS VESSEL		DATE OF BIRTH (MO/DAY/YR)		AGE IN YEARS	
<input type="checkbox"/> UNDER 10 HOURS <input type="checkbox"/> 10 TO 100 HOURS <input type="checkbox"/> 100 TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS <input type="checkbox"/> OTHER (SPECIFY)		FORMAL INSTRUCTION (TRAINING) COURSE COMPLETED IN BOATING SAFETY		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
OPERATOR WEARING A USCG APPROVED LIFE JACKET AT THE TIME OF THE ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR WEARING A SAFETY LANYARD (ENGINE SHUT OFF DEVICE) AT THE TIME OF THE ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> NONE <input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> U.S. POWER SQUADRONS <input type="checkbox"/> INTERNET (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY)	
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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		CURRENT VESSEL SAFETY CHECK (VSC) DECAL <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PERSONS BEING TOWED	
USCG APPROVED LIFE JACKETS ON BOARD THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR ARRESTED DUE TO BOATING UNDER THE INFLUENCE (BUI) FOR THIS ACCIDENT ONLY		FIRE EXTINGUISHERS ON BOARD	
LIFE JACKETS ACCESSIBLE (CAPABLE OF BEING REACHED) <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER OF VESSEL OCCUPANTS (OPERATOR AND PASSENGERS) WEARING LIFE JACKETS AT THE TIME OF THE ACCIDENT		OPERATOR BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL		USED <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

TYPE OF VESSEL <input type="checkbox"/> AIR BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> PERSONAL WATERCRAFT (PWC) <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> CANOE <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> INFLATABLE <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> KAYAK <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> JET BOAT	TYPE OF HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> STEEL <input type="checkbox"/> WOOD <input type="checkbox"/> RUBBER / VINYL / CANVAS <input type="checkbox"/> KEVLAR <input type="checkbox"/> PLASTIC (ROYALEX, POLYETHYLENE) <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF ENGINE USED TO PROPEL THE VESSEL <input type="checkbox"/> OUTBOARD <input type="checkbox"/> STERNDRIVE - (I/O) <input type="checkbox"/> INBOARD <input type="checkbox"/> NONE TYPE OF PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL <input type="checkbox"/> AIR THRUST <input type="checkbox"/> OTHER (SPECIFY)	ENGINE (S) USED TO PROPEL THE VESSEL NUMBER OF ENGINES TOTAL HORSEPOWER TYPE OF FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC
---	--	--	--

OPERATION AT TIME OF ACCIDENT <input type="checkbox"/> AT ANCHOR <input type="checkbox"/> BEING TOWED <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> CRUISING <input type="checkbox"/> DOCKING / UNDOCKING <input type="checkbox"/> DRIFTING <input type="checkbox"/> LAUNCHING <input type="checkbox"/> ROWING / PADDLING <input type="checkbox"/> SAILING <input type="checkbox"/> TIED TO DOCK / MOORING <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> OTHER (SPECIFY)	ACTIVITY AT TIME OF ACCIDENT <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> FISHING TOURNAMENT <input type="checkbox"/> FUELING <input type="checkbox"/> HUNTING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> RACING <input type="checkbox"/> SCUBA DIVING / SNORKLING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> WHITEWATER ACTIVITY	TYPE OF ACCIDENT (NUMBER BY ORDER OF OCCURRENCE) <input type="checkbox"/> CAPSIZING <input type="checkbox"/> CARBON MONOXIDE EXPOSURE <input type="checkbox"/> COLLISION WITH FIXED OBJECT <input type="checkbox"/> COLLISION WITH FLOATING OBJECT <input type="checkbox"/> COLLISION WITH VESSEL <input type="checkbox"/> COLLISION WITH COMMERCIAL VESSEL <input type="checkbox"/> PERSON DEPARTED VESSEL <input type="checkbox"/> PERSON EJECTED FROM VESSEL <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> FALL WITHIN A VESSEL <input type="checkbox"/> FALL ON A VESSEL <input type="checkbox"/> FALLS OVERBOARD <input type="checkbox"/> FIRE / EXPLOSION (FUEL) <input type="checkbox"/> FIRE / EXPLOSION (OTHER THAN FUEL) <input type="checkbox"/> FLOODING / SWAMPING <input type="checkbox"/> GROUNDING <input type="checkbox"/> SINKING <input type="checkbox"/> SKIER MISHAP <input type="checkbox"/> STRUCK BY A VESSEL <input type="checkbox"/> STRUCK BY PROPELLER OR PROPULSION UNIT <input type="checkbox"/> STRUCK SUBMERGED OBJECT <input type="checkbox"/> OTHER (SPECIFY)
DID THE ACCIDENT RESULT IN A "HIT AND RUN" <input type="checkbox"/> YES <input type="checkbox"/> NO	VESSEL SPEED AT THE TIME OF THE ACCIDENT <input type="checkbox"/> NOT MOVING <input type="checkbox"/> UNDER 10 MPH <input type="checkbox"/> 10 - 20 MPH <input type="checkbox"/> 21 - 40 MPH <input type="checkbox"/> OVER 40 MPH	

CONTRIBUTING FACTORS (CHECK ALL THAT APPLY) <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> CARELESS/RECKLESS OPERATION <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> DAM / LOCK <input type="checkbox"/> DRUG USE <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> FAILURE TO VENT <input type="checkbox"/> FORCE OF WAKE / WAKE <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> HULL FAILURE <input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> FAILURE TO YIELD <input type="checkbox"/> LACK OF / OR IMPROPER BOAT LIGHTS <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> NO PROPER LOOKOUT <input type="checkbox"/> NAVIGATION AID MISSING / INADEQUATE <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> OPERATOR INEXPERIENCE <input type="checkbox"/> OVERLOADING <input type="checkbox"/> PASSENGER / SKIER BEHAVIOR <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> RULES OF THE ROAD VIOLATION <input type="checkbox"/> SHARP TURN <input type="checkbox"/> STANDING / SITTING ON GUNWHALE, BOW, OR TRANSOM <input type="checkbox"/> STARTING IN GEAR <input type="checkbox"/> SUDDEN MEDICAL CONDITION (HEART ATTACK, STROKE, SEIZURE) <input type="checkbox"/> WEATHER (HEAVY) <input type="checkbox"/> LACK OF / IMPROPER SKI OBSERVER <input type="checkbox"/> OTHER (SPECIFY):	SPECIFY "EQUIPMENT FAILURE" <input type="checkbox"/> AUXILIARY EQUIPMENT FAILURE (e.g., GENERATOR) <input type="checkbox"/> COMMUNICATION EQUIPMENT FAILURE <input type="checkbox"/> FIRE EXTINGUISHER NOT SERVICEABLE <input type="checkbox"/> SAIL DISMASTING <input type="checkbox"/> SEAT BROKE LOOSE <input type="checkbox"/> SOUND PRODUCING EQUIPMENT FAILURE <input type="checkbox"/> VISUAL DISTRESS SIGNALS FAILED SPECIFY "MACHINERY FAILURE" <input type="checkbox"/> ELECTRIC SYSTEM FAILURE <input type="checkbox"/> ENGINE FAILURE <input type="checkbox"/> FUEL SYSTEM FAILURE <input type="checkbox"/> SHIFT FAILURE <input type="checkbox"/> STEERING SYSTEM FAILURE <input type="checkbox"/> THROTTLE FAILURE <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO WAS INJURED VICTIM ADMITTED TO A HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF PRIMARY INJURY (CHECK ONE IN EACH COLUMN BELOW)	
WAS A LIFE JACKET WORN BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE LIFE JACKET WORN BY THE VICTIM INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF LIFE JACKET WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V TYPE IV PERSONAL FLOTATION DEVICE (THROWABLE) USED <input type="checkbox"/> YES <input type="checkbox"/> NO		BODY REGION (CHECK ONE) ___ HEAD / FACE ___ NECK ___ BACK ___ CHEST / ABDOMEN ___ SHOULDER / ARM ___ WRIST / HAND / FINGER ___ PELVIS / HIP ___ KNEE / LEG ___ ANKLE / FOOT / TOE	NATURE OF INJURY (CHECK ONE) ___ ABRASION / CONTUSION (BRUISE) ___ AMPUTATION ___ CARBON MONOXIDE POISONING ___ CONCUSSION / BRAIN INJURY ___ DISLOCATION ___ FRACTURE / BROKEN BONE ___ HEART ATTACK ___ INTERNAL ORGAN INJURY ___ LACERATION / CUT ___ SPINAL CORD INJURY ___ SPRAIN / STRAIN
INJURY CAUSED BY (CHECK ALL THAT APPLY) EXPOSURE TO ELEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH FIXED / FLOATING OBJECT <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH WATER <input type="checkbox"/> YES <input type="checkbox"/> NO BEING STRUCK BY THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO BEING STRUCK BY THE PROPELLER <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER (PLEASE SPECIFY): _____		PRIMARY INJURY: BODY REGION: _____ OTHER (SPECIFY): _____	PRIMARY INJURY: NATURE OF INJURY: _____ OTHER (SPECIFY): _____
ALCOHOL USE APPARENT BY THE INJURED VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL: _____		SECONDARY INJURY: BODY REGION: _____ OTHER (SPECIFY): _____	SECONDARY INJURY: NATURE OF INJURY: _____ OTHER (SPECIFY): _____
DRUG USE APPARENT BY THE INJURED VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY THE TYPE (S) OF DRUGS BEING USED: _____			
VICTIM STATUS AT THE TIME OF THE ACCIDENT <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY): _____		VICTIM ACTIVITY AT THE TIME OF THE ACCIDENT <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKLING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATERSKIING <input type="checkbox"/> 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 <input type="checkbox"/> DROWNING <input type="checkbox"/> TRAUMA <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> HEART ATTACK <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY): _____	WAS VICTIM STRUCK BY THE PROPELLER <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS A LIFE JACKET WORN BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO WAS THE LIFE JACKET WORN BY THE VICTIM INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF LIFE JACKET WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V TYPE IV PERSONAL FLOTATION DEVICE (THROWABLE) USED <input type="checkbox"/> YES <input type="checkbox"/> NO	
	WAS VICTIM STRUCK BY THE VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VICTIM STATUS AT THE TIME OF THE ACCIDENT <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY): _____	VICTIM ACTIVITY AT THE TIME OF THE ACCIDENT <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKLING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATERSKIING <input type="checkbox"/> OTHER (SPECIFY): _____	
DISAPPEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	ALCOHOL USE APPARENT BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO BLOOD ALCOHOL CONCENTRATION (BAC) LEVEL: _____	DRUG USE APPARENT BY THE VICTIM <input type="checkbox"/> YES <input type="checkbox"/> 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 ACCIDENT (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.