U.S. Dept. of Homeland Security U.S. Coast Guard CG-3865 (Rev. 03-08)

## **Recreational Boating Accident Report**

OMB No: 1625-0003

Expires:

NOTE: each boat operator/owner involved in an accident should submit a separate report.

Estimated report form completion time: 30 min

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

REPORT SUBMISSION	
Report required because (select all that apply):  At least one person in this accident died:  If so, how many?  At least one injured person in this accident required or was in treatment beyond first aid:  If so, how many?	To be submitted within: 48 hours (if injury, disappearance or death) 10 days (if boat/property damage only)  need of
At least one person in this accident <i>disappeared</i> and has not yet been recovered:  If so, how many?  All boat and other property <i>damage</i> (e.g., fishing/hunting gear by this accident <i>totaled</i> (or likely totaled) \$2,000 or more:	To be submitted to: (Local State Reporting Authority)  Town ST 12345 Phone: 111-222-3333  You may submit any comments concering the the accuracy of the burden estimate or
<ul> <li>□ Your or another <i>boat</i> in this accident was (or likely was) a <i>tot</i></li> <li>Report submitted by (select all that apply):</li> <li>□ Boat Operator (required if possible)</li> <li>□ Boat Owner (if operator unable, or same as operator)</li> <li>□ Other (describe):</li> <li>□ Last name:</li> </ul>	any suggestions for reducing the burden to: Commandant (CG-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.  For State Agency Use Only  First name:  Last name: Phone:  Primary cause of accident:
Phone: ACCIDENT SUMMARY	
WHEN Date:	ACCIDENT DESCRIPTION  Briefly describe this accident (attach extra pages if necessary):
Location (on water) description:  Nearest city/town:  County:	DAMAGE TO YOUR BOAT  Briefly summarize any damage to your boat:
State:	
# people on board (including operator): # people being towed (e.g., on tubes, skis): # people wearing lifejackets (on board or towed):  OTHER BOATS INVOLVED IN ACCIDENT # of other boats involved?	DAMAGE TO YOUR OTHER PROPERTY (NOT BOAT)  Briefly summarize any damage to your other property (not boat):

YOUR BOAT			
BOAT IDENTIFICATION Your boat name:  Model name:  Registration #:  Hull Identification # (HIN):	Manufacturer:  Model year:  Documentation	#: Rented: O Ye	s O No
SIZE ESTIMATES  Length: ft. Depth from tran keel (bottom)		Beam width at widest point:	ft.
HULL MATERIAL  Type of hull material (select one):  O Fiberglass O Wood O Aluminum O Steel	O Rubber/vinyl/canvas O Plastic	O Other (describe):	
BOAT TYPE Boat type (select one): O Cabin motorboat O Inflatable O Open motorboat O Houseboat O Auxiliary sail O Sail (only) O Pontoon boat O Kayak	O Canoe O Personal watercraft O Rowboat (e.g., Wave Runne O Air boat Jet Ski <sup>TM</sup> , Sea-Doo O Other (describe):	er <sup>TM</sup> ,	ust
Manufacturer: O Outb		nboard O None Fuel type (select all Gasoline Diesel	that apply):  □ Electric
SAFETY MEASURES Organizations that have conducted a vess safety equipment, e.g., lifejackets, anchor  ☐ US Coast Guard Auxiliary: VSC ☐ US Power Squadrons: VSC	r and line, fire extinguishers):   Decal? O Yes O No   S	Federal Agency (Name):  State Agency (Name):  Other Agency (Name):	age of
	e extinguishers on board:	Type of fire extinguishers (e.g., AB  Amount of fire extinguisher used:	C):
ACCIDENT DETAILS - EXTER	RNAL CONDITIONS		
WEATHER Overall weather was (select one): O Clear O Raining O Cloudy O Snowing O Foggy O Hazy O Other (describe):	It was Visibility was (select one): (select one): O Day O Good O Night O Fair O Poor  Approximate air temperature:	Wind was (select one): O mph (none) O Over 0, up to 12 mph (li O Over 12, up to 25 mph ( O Over 25, up to 55 mph ( O Over 55 mph (stormy)	moderate)
WATER Overall water conditions (select one):  O Up to 6 in. waves (calm) O Over 6 in., up to 2 ft. waves (chopped of the conditions) O Over 2 ft., up to 6 ft waves (rough) O Over 6 ft. waves (very rough)		<del></del>	O No O No O No

## ACCIDENT DETAILS - ACTIVITIES AND OPERATIONS ON YOUR BOAT

Operator/passenger activities (select all that apply):  O Recreational   Fishing   Tubing   Starting engine   Other (list):  O Recreational   Hunting   Water Sking   Making repairs   Other (list):  BOAT OPERATIONS  Four boat operations at time of accident (select all that apply):  Cruising (underway under power)   Drifting   Relaxing   Launching   Launching   Sailing   Other (list):  Changing direction   Reing towed   Tied to dock/mooring   Docking/undocking   Sailing   Other (list):  ACCIDENT DETAILS - CONTRIBUTING FACTORS ON YOUR BOAT  CONTRIBUTING FACTORS  Indicate factors on your boat which may have contributed to this accident (select all that apply):    Research   Restricted vision (e.g., fog)   Drug use   Operator inattention   Hazardous waters   Restricted vision (e.g., fog)   Drug use   Operator inexperience   Heavy weather   Missing/inadequate uids to navigation (e.g., buoy, daymarker)   Sailure to vent   Sailure   Damplock   Sharp turn   Damplock   Sharp turn   Damplock   Damplock   Sharp turn   Damplock   Sailwast   Seering   Radio   Fire extinguisher   People on gunwale, bow or transom   Coctooding   Sail/mast   Steering   Radio   Fire extinguisher   Ventilation   Pie extinguisher   Ventilation   Piese system   Seats   Shift   Sound equipment (e.g., horn, whistle)   Collision with commercial boat (e.g., tug, brige)   Fire/explosion - non-fuel   Person fell overboard   Person fell overboard   Person struck by boat   Collision with submerged object (e.g., fort, brige)   Fire/explosion - non-fuel   Person struck by boat   Capision with fixed object (e.g., fort, b	OPERATOR/PASSENGER A	CTIVITIES		
O Recreational O Commercial O White water activity (e.g., rafting) O Making repairs O Relaxing O Relaxing O Relaxing O Relaxing O Commercial O Comme	Operator/passenger activities	on <i>your</i> boat at time of accid	ent :	
Hunting	Activities were (select one):	Operator/passenger act	ivities (select all that apply):	
White water activity (e.g., rafting)	O Recreational	☐ Fishing ☐	Tubing □ Starting	gengine $\square$ Other (list):
BOAT OPERATIONS	O Commercial	☐ Hunting ☐	Water Skiing	repairs
Your boat operations at time of accident (select all that apply):		☐ White water activ	vity (e.g., rafting)   Relaxin	g
Cruising (underway under power)	BOAT OPERATIONS			
Changing direction	Your boat operations at time of	of accident (select all that appl	y) <b>:</b>	
Changing speed	☐ Cruising (underway underway)	er power) Drifting	☐ Racing	☐ Towing another vessel
CONTRIBUTING FACTORS	☐ Changing direction	☐ At anchor	☐ Rowing/paddling	☐ Launching
CONTRIBUTING FACTORS	☐ Changing speed	☐ Being towed	☐ Tied to dock/mooring	☐ Docking/undocking
CONTRIBUTING FACTORS     Indicate factors on your boat which may have contributed to this accident (select all that apply):   Alcohol use	☐ Sailing	☐ Other (list):		
CONTRIBUTING FACTORS     Indicate factors on your boat which may have contributed to this accident (select all that apply):   Alcohol use				
Indicate factors on your boat which may have contributed to this accident (select all that apply):    Alcohol use	ACCIDENT DETAILS -	CONTRIBUTING FAC	CTORS ON YOUR BOAT	
Indicate factors on your boat which may have contributed to this accident (select all that apply):    Alcohol use				
Alcohol use				
Drug use	Indicate factors on your boat	which may have contributed	to this accident (select all that ap	pply):
Baccessive speed	1	-		
Improper anchoring	☐ Drug use	☐ Operator inexperience	☐ Heavy weather	☐ Missing/inadequate
Improper anchoring	☐ Excessive speed	☐ Language barrier	☐ Hull failure	aids to navigation (e.g., buoy,
Overloading	☐ Improper anchoring	☐ Navigation rules violation	n ☐ Ignition of fuel or vapor	daymarker)
□ Improper lookout □ Force of wake/wave □ People on gunwale, bow or transom    ACCIDENT DETAILS - YOUR BOAT	☐ Improper loading	☐ Failure to vent	☐ Starting in gear	☐ Inadequate on-board
ACCIDENT DETAILS - YOUR BOAT    Machinery/Equipment Failure   Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply):   Engine		☐ Dam/lock	☐ Sharp turn	navigation lights
ACCIDENT DETAILS - YOUR BOAT    Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply):   Engine	☐ Improper lookout	☐ Force of wake/wave		☐ People on gunwale, bow
ACCIDENT DETAILS - YOUR BOAT    Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply):   Engine	Other (describe):			or transom
MACHINERY/EQUIPMENT FAILURE  Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply):    Engine				-
Failure of the following machinery/equipment on your boat contributed to this accident (select all that apply):    Engine	ACCIDENT DETAILS -	YOUR BOAT		
□ Engine □ Sail/mast □ Steering □ Radio □ Fire extinguisher □ Electrical system □ Onboard lights □ Throttle □ Auxiliary equipment □ Ventilation □ Fuel system □ Seats □ Shift □ Sound equipment (e.g., horn, whistle) □ Onboard navigation aids (e.g., GPS, Loran) □ Other (list):  ACCIDENT DETAILS - EVENTS ON YOUR BOAT  ACCIDENT EVENTS  Types of events occurring to/on your boat during accident (select all that apply): □ Collision with recreational boat □ Flooding/swamping □ Person fell overboard □ Collision with commercial boat (e.g., tug, barge) □ Fire/explosion - fuel □ Person fell on/within boat □ Collision with fixed object (e.g., dock, bridge) □ Fire/explosion - non-fuel □ Sudden medical condition □ Collision with submerged object (e.g., stump, cable) □ Carbon monoxide exposure □ Person struck by boat □ Collision with floating object (e.g., log, buoy) □ Mishap of skier, tuber, □ Person struck by propeller or propulsion unit	MACHINERY/EQUIPMENT	FAILURE		
□ Electrical system □ Onboard lights □ Throttle □ Auxiliary equipment □ Ventilation □ Fuel system □ Seats □ Shift □ Sound equipment (e.g., horn, whistle) □ Onboard navigation aids (e.g., GPS, Loran) □ Other (list):    ACCIDENT DETAILS - EVENTS ON YOUR BOAT	Failure of the following machi	nery/equipment on <i>your</i> boa	t contributed to this accident (s	elect all that apply):
□ Fuel system □ Seats □ Shift □ Sound equipment (e.g., horn, whistle) □ Onboard navigation aids (e.g., GPS, Loran) □ Other (list):  ACCIDENT DETAILS - EVENTS ON YOUR BOAT  ACCIDENT EVENTS  Types of events occurring to/on your boat during accident (select all that apply): □ Collision with recreational boat □ Flooding/swamping □ Person fell overboard □ Collision with commercial boat (e.g., tug, barge) □ Fire/explosion - fuel □ Person fell on/within boat □ Collision with fixed object (e.g., dock, bridge) □ Fire/explosion - non-fuel □ Sudden medical condition □ Collision with submerged object (e.g., stump, cable) □ Carbon monoxide exposure □ Person struck by boat □ Capsizing □ Wakeboarder, etc. □ Person struck by propeller or propulsion unit	☐ Engine	☐ Sail/mast ☐ Ste	ering   Radio	☐ Fire extinguisher
□ Onboard navigation aids (e.g., GPS, Loran) □ Other (list):  ACCIDENT DETAILS - EVENTS ON YOUR BOAT  ACCIDENT EVENTS  Types of events occurring to/on your boat during accident (select all that apply): □ Collision with recreational boat □ Flooding/swamping □ Person fell overboard □ Collision with commercial boat (e.g., tug, barge) □ Fire/explosion - fuel □ Person fell on/within boat □ Collision with fixed object (e.g., dock, bridge) □ Fire/explosion - non-fuel □ Sudden medical condition □ Collision with submerged object (e.g., stump, cable) □ Carbon monoxide exposure □ Person struck by boat □ Capsizing □ Capsizing □ Wishap of skier, tuber, □ Person struck by propeller or propulsion unit		☐ Onboard lights ☐ Thr	ottle	ipment
□ Onboard navigation aids (e.g., GPS, Loran) □ Other (list):  ACCIDENT DETAILS - EVENTS ON YOUR BOAT  ACCIDENT EVENTS  Types of events occurring to/on your boat during accident (select all that apply): □ Collision with recreational boat □ Flooding/swamping □ Person fell overboard □ Collision with commercial boat (e.g., tug, barge) □ Fire/explosion - fuel □ Person fell on/within boat □ Collision with fixed object (e.g., dock, bridge) □ Fire/explosion - non-fuel □ Sudden medical condition □ Collision with submerged object (e.g., stump, cable) □ Carbon monoxide exposure □ Person struck by boat □ Capsizing □ Capsizing □ Wishap of skier, tuber, □ Person struck by propeller or propulsion unit	☐ Fuel system	□ Seats □ Shi	ft	nent (e.g., horn, whistle)
ACCIDENT DETAILS - EVENTS ON YOUR BOAT    ACCIDENT EVENTS     Types of events occurring to/on your boat during accident (select all that apply):   Collision with recreational boat   Flooding/swamping   Person fell overboard   Fire/explosion - fuel   Person fell on/within boat   Fire/explosion - non-fuel   Sudden medical condition   Collision with submerged object (e.g., stump, cable)   Carbon monoxide exposure   Person struck by boat   Capsizing   Wishap of skier, tuber, wakeboarder, etc.   Person struck by propeller or propulsion unit				
ACCIDENT EVENTS  Types of events occurring to/on your boat during accident (select all that apply):  □ Collision with recreational boat □ Collision with commercial boat (e.g., tug, barge) □ Collision with fixed object (e.g., dock, bridge) □ Collision with submerged object (e.g., stump, cable) □ Collision with floating object (e.g., log, buoy) □ Capsizing  □ Person fell overboard □ Person fell on/within boat □ Sudden medical condition □ Carbon monoxide exposure □ Person struck by boat □ Person struck by propeller or propulsion unit			· · ·	
Types of events occurring to/on your boat during accident (select all that apply):  □ Collision with recreational boat □ Collision with commercial boat (e.g., tug, barge) □ Collision with fixed object (e.g., dock, bridge) □ Collision with submerged object (e.g., stump, cable) □ Collision with floating object (e.g., log, buoy) □ Capsizing □ Person fell overboard □ Person fell on/within boat □ Sudden medical condition □ Carbon monoxide exposure □ Person struck by boat □ Person struck by propeller or propulsion unit	ACCIDENT DETAILS -	EVENTS ON YOUR B	OAT	
Types of events occurring to/on your boat during accident (select all that apply):  □ Collision with recreational boat □ Collision with commercial boat (e.g., tug, barge) □ Collision with fixed object (e.g., dock, bridge) □ Collision with submerged object (e.g., stump, cable) □ Collision with floating object (e.g., log, buoy) □ Capsizing □ Person fell overboard □ Person fell on/within boat □ Sudden medical condition □ Carbon monoxide exposure □ Person struck by boat □ Person struck by propeller or propulsion unit				
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□ Collision with commercial boat (e.g., tug, barge)       □ Fire/explosion - fuel       □ Person fell on/within boat         □ Collision with fixed object (e.g., dock, bridge)       □ Fire/explosion - non-fuel       □ Sudden medical condition         □ Collision with submerged object (e.g., stump, cable)       □ Carbon monoxide exposure       □ Person struck by boat         □ Collision with floating object (e.g., log, buoy)       □ Mishap of skier, tuber, wakeboarder, etc.       □ Person struck by propeller or propulsion unit	'-	•		
□ Collision with fixed object (e.g., dock, bridge)       □ Fire/explosion - non-fuel       □ Sudden medical condition         □ Collision with submerged object (e.g., stump, cable)       □ Carbon monoxide exposure       □ Person struck by boat         □ Collision with floating object (e.g., log, buoy)       □ Mishap of skier, tuber, wakeboarder, etc.       □ Person struck by propeller or propulsion unit				
□ Collision with submerged object (e.g., stump, cable)       □ Carbon monoxide exposure       □ Person struck by boat         □ Collision with floating object (e.g., log, buoy)       □ Mishap of skier, tuber, wakeboarder, etc.       □ Person struck by propeller or propulsion unit			-	
☐ Collision with floating object (e.g., log, buoy) ☐ Mishap of skier, tuber, wakeboarder, etc. ☐ Person struck by propeller or propulsion unit			•	
☐ Capsizing wakeboarder, etc. propeller or propulsion unit			<u> </u>	
	1	bject (e.g., log, buoy)	<u> </u>	
l 6	Grounding		Person left boat voluntarily	☐ Person electrocuted
☐ Sinking ☐ Person ejected from boat (caused by collision or manuever) ☐ Other (describe):	□ Sinking		☐ Person ejected from boat (cat	used by collision or manuever)

## ACCIDENT DETAILS - YOUR BOAT INJURED PEOPLE RECEIVING OR IN NEED OF TREATMENT BEYOND FIRST AID

Report only injured people on, struck by, or being towed by your boat, receiving or in need of treatment beyond first aid. Do not report injured people on, struck by, or being towed by another boat or no boat (e.g., swimmers, people on a dock). If more than one injured person to report, attach additional copies of this page. If none, SKIP INJURED PEOPLE section.

INJUREI	O PERSON			
First:		MI:	Last:	
Street:				
Street:				
City:		State:	Zip:	
Phone:		Age:		
INJURY	DETAILS			
Injury ca	used when person (select all that a	apply):	Nature of most serious injur	y (select one):
□ Str	ruck the:	(e.g., boat, water)	O Scrape/bruise	O Dislocation
□ w	as struck by a:	(e.g., boat, propeller)	O Cut	O Internal organ injury
1	as exposed to carbon monoxide poi		O Sprain/strain	O Amputation
1	eceived an electric shock	<i>G</i>	O Concussion/brain injury	•
	her (describe):		O Spinal cord injury	O Other (describe):
- 01	ner (describe).		O Broken/fractured bone	other (deseribe).
Person w	as wearing lifejacket?	O Yes O No	Body part of <i>most serious</i> inju	ury (e.g. head hin knee):
1	ceived treatment beyond first aid		Body part of most serious inju	ury (e.g., nead, mp, knee).
	as admitted to a hospital?	O Yes O No		
Person w	as admitted to a nospitar:	O res O No		
ACCID	ENT DETAILS - YOUR BO	OAT - DEATHS/DIS	APPEARANCES	
Only repo	ort deaths/disappearances of people	on, struck by, or being tov	wed by your boat.	
If more th	an one death/disappearance to repo	rt, attach additional copies	of this page.	
If none, S	KIP DEATHS/DISAPPEARANCE	ES section.		
PERSON	WHO DIED/DISAPPEARED			
First:		MI:	Last:	
Street:				
City:		State:	Zip:	-
Phone:		Age:		
	S OF DEATH/DISAPPEARANC		N	( 1 ( )
" "	used when person (select all that a	<del></del>	Nature of death/disappearar	ice (select one):
	ruck the:	(e.g., boat, water)	O Death - by drowning	
	as struck by a:	(e.g., boat, propeller)	O Death - other likely caus	se (describe):
1	as exposed to carbon monoxide poi	Isoming		1
	her (describe):		O Disappeared and not yet	recovered
	iici (describe):		Person was wearing lifejack	et? O Yes O No

**OPERATOR SAFETY MEASURES** 

## ACCIDENT DETAILS - YOUR BOAT OPERATOR

**OPERATOR INSTRUCTION** 

State course USCG Auxiliary course USCG Auxiliary course UIS Power Squadrons course UIS Power Squadron	None	A lifejacket?
□ US Power Squadrons course □ Internet (name of sponsoring organization): □ Other (describe): □ Other (de	☐ State course	
Internet (name of sponsoring organization):	☐ USCG Auxiliary course	An engine cut-off switch (Lanyard or wireless device)
On board, prior to accident, was operator using: Alcohol? OYes O No Drugs? Oyes O No OPERATOR EXPERIENCE  Experience operating this type of boat (select one): O to 10 hours O over 100, up to 500 hours O over 10, up to 100 hours O over 500 hours O over 10, up to 100 hours O over 500 hours O over 10, up to 100 hours O over 500 hours O over 10, up to 100 hours O over 500 hours  ACCIDENT DETAILS - OTHER KEY PEOPLE Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other boat owner Other damaged property Passenger on your boat Witness  Street:  NII: Last:  Phone: Other boat name (if any): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Witness  This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Witness  This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Witness  This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Witness  This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Witness  This other key person was a(n) (select all that apply): Other boat name (if any):  Phone: Zip:	☐ US Power Squadrons course	
Office (describe):  Office	☐ Internet (name of sponsoring organization):	O Yes O No
O Yes O No Drugs? O Yes O No OPERATOR EXPERIENCE Experience operating this type of boat (select one): O to 10 hours O Over 100, up to 500 hours O over 10, up to 100 hours O Over 500 hours O over 10, up to 100 hours O Over 500 hours O over 10, up to 100 hours O Over 500 hours O over 10, up to 100 hours O Over 500 hours  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people not export, attach additional copies of this page.  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other boat owner Other boat operator Hinter Description (if any): Other boat registration (if any): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Street:    State: Zip:		On board, prior to accident, was operator using:
OPERATOR EXPERIENCE  Experience operating this type of boat (select one):  O to 10 hours O over 100, up to 500 hours O over 10, up to 100 hours O over 500 hours  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS  This other key person was a(n) (select all that apply):  Other boat name (if any):  Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  This other key person was a(n) (select all that apply):  Other boat name (if any):  NAME/ADDRESS  This other key person was a(n) (select all that apply):  Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  Witness  This other key person was a(n) (select all that apply):  Other boat name (if any):  NAME/ADDRESS  This other key person was a(n) (select all that apply):  Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  Witness  This other key person was a(n) (select all that apply):  Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  Witness  This other key person was a(n) (select all that apply):  Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  Street:  Differ   Data of the property   Data owner   Owner of other damaged property   Passenger on your boat   Witness   W	☐ Other (describe):	
OPERATOR EXPERIENCE  Experience operating this type of boat (select one): O to 10 hours O Over 100, up to 100 hours O Over 10, up to 100 hours O Over 500 hours O Over 10, up to 100 hours O Over 10, up to 100 hours O Over 500 hours  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  First:  MI: Last:  Other boat name (if any): Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First: Last:  Inis other key person was a(n) (select all that apply): Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  MAME/ADDRESS  This other key person was a(n) (select all that apply): Other boat operator Other boat owner Owner Owner of other damaged property Passenger on your boat Witness  First:  MI: Last:  Street:  City: State: Zip:		O Yes O No
OPERATOR EXPERIENCE  Experience operating this type of boat (select one):  O to 10 hours O Over 100, up to 100 hours O Over 500 hours O Yes O No  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS  This other key person was a(n) (select all that apply): Other boat name (if any): Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  First: I Street: Operator arrested for Boating Under the Influence? O Yes O No  Weather reports consulted prior to accident? O Yes O No  Weather reports consulted prior to accident? O Yes O No  Weather reports consulted prior to accident? O Yes O No  Weather reports consulted prior to accident? O Yes O No  No  No  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people not already documented as injured, died, disappeared or operator/owner of your boat. If work boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  Nother boat name (if any): Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  First:   MI:   Last:   Street:   Street:   Other boat name (if any):   Phone:   -   -		Drugs?
Experience operating this type of boat (select one):  O to 10 hours O Over 100, up to 500 hours O Over 100, up to 100 hours O Over 500 hours O Over 100, up to 100 hours O Over 500 hours  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  Street:  Street:  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat registration # (if any):  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Other damaged property Passenger on your boat Witness  NAME/ADDRESS This other key person was a(n) (select all that apply):  AME Last:  Street:  NI: Last:  Street:  NI: Last:  Street:  NI: Last:  Street:  NI: Last:  Other boat name (if any):  Phone:		O Yes O No
O 0 to 10 hours	OPERATOR EXPERIENCE	Operator arrested for Boating Under the Influence?
O Over 10, up to 100 hours O Over 500 hours O Yes O No  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First:  Street:  City:  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat name (if any):  Other boat registration # (if any):  Other boat operator Other boat owner Owner of other damaged property  Passenger on your boat Witness  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Owner of other damaged property  Passenger on your boat Witness  First:  MI:  Last:  Street:  City:  State:  Zip:	<b>Experience operating this type of boat</b> (select one):	O Yes O No
O Over 10, up to 100 hours  O Over 500 hours  O Yes  O No  ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat operator  Other boat owner  Owner of other damaged property  Passenger on your boat  Witness  Street:  City:  State:  Zip:  - Other boat owner  Other boat owner  Other boat registration # (if any):  Other boat registration # (if any):  Other boat operator  Other boat owner  Owner of other damaged property  Passenger on your boat  Witness  First:  Is I Last:	O 0 to 10 hours O Over 100, up to 500 hours	Weather reports consulted prior to accident?
ACCIDENT DETAILS - OTHER KEY PEOPLE  Only report other key people not already documented as injured, died, disappeared or operator/owner of your boat. If more than two other key people to report, attach additional copies of this page.  NAME/ADDRESS  This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First:  Street:  City:  NAME/ADDRESS  This other key person was a(n) (select all that apply):  Other boat registration # (if any):  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First:  MI:  Last:  Street:  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First:  MI:  Last:  Street:  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First:  MI:  Last:  Street:  Other boat name (if any):  Phone:  Other boat name (if any):  Phone:  Other boat name (if any):	O Over 10, up to 100 hours O Over 500 hours	
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□ Other boat operator □ Other boat owner □ Owner of other damaged property □ Passenger on your boat □ Witness  First: □	NAME/ADDRESS	
First: MI: Last: Street:  City: State: Zip: Other boat name (if any): Phone: Phone: Phone: Other boat registration # (if any):  NAME/ADDRESS This other key person was a(n) (select all that apply): Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First: MI: Last: Street:  City: State: Zip: Other boat name (if any): Phone:	This other key person was a(n) (select all that apply):	
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Street:  City:  State:  Zip:  Other boat name (if any):  Other boat registration # (if any):  NAME/ADDRESS  This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First:  MI:  Last:  City:  State:  Zip:  -  Other boat name (if any):  Phone:  -  -  -  -  -  -  -  -  -  -  -  -  -	•	
City: State: Zip:	First: MI:	Last:
City: State: Zip:	g	
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Other boat name (if any): Other boat registration # (if any):  NAME/ADDRESS  This other key person was a(n) (select all that apply): Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First: MI: Last:  City: State: This other key person was a(n) (select all that apply): Street:  Other boat name (if any):  Phone:	City: State:	Zip: -
NAME/ADDRESS This other key person was a(n) (select all that apply):  Other boat operator Other boat owner Owner of other damaged property Passenger on your boat Witness  First: MI: Last:  City: State: Zip: -  Other boat name (if any): Phone: -  Phone: -  -		
NAME/ADDRESS  This other key person was a(n) (select all that apply):    Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness  First:   MI:   Last:    Street:   State:   Zip:   -    Other boat name (if any):   Phone:   -   -		Phone:
This other key person was a(n) (select all that apply):    Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness   First:   MI:   Last:	Other boat registration # (if any):	
This other key person was a(n) (select all that apply):    Other boat operator   Other boat owner   Owner of other damaged property   Passenger on your boat   Witness   First:   MI:   Last:	NAME/ADDDESS	
□ Other boat operator □ Other boat owner □ Owner of other damaged property □ Passenger on your boat □ Witness  First: □ MI: □ Last: □  Street: □ State: □ Zip: □ - □  Other boat name (if any): □ Phone: □ - □ - □		
First:		I December 1 True
Street:         State:         Zip:         -           Other boat name (if any):         Phone:         -         -	Under boat operator Under boat owner University Owner of other	damaged property
Street:         State:         Zip:         -           Other boat name (if any):         Phone:         -         -	First: MI:	Lastr
City:         State:         Zip:         -           Other boat name (if any):         Phone:         -         -	1111.	Dust.
Other boat name (if any):  Phone:	Street:	
Other boat name (if any):  Phone:		
Other boat name (if any):  Phone:	g:	
	City: State:	Zip:
	Other hoat name (if any):	
		Phone:   -   -

YOUR BOAT OPERATOR			
NAME/ADDRESS			
First: MI: Last:			
Street:			
St. Co.	7:		
City: State:	Zip	):	-
AGE/GENDER/PHONE			
Age: Gender: O Male O Female Phone:		-	-
YOUR BOAT OWNER			
If same as your boat operator SKIP rest of YOUR BOAT OWNER	R section.		
NAME/ADDRESS/PHONE			
First: MI: Last:			
Street:			
City: State:	Zip	):	
Phone:			
PERSON SUBMITTING THIS REPORT			
If same as your boat operator OR owner, SKIP rest of PERSON S	SUBMITT	ING TI	HIS REPORT section.
NAME/ADDRESS/PHONE/ROLE			
First: MI: Last:			
Street:			
City: State:	Zip	):	-
Phone:			
I was a(n) (select one):  O Other person on board this boat O Accident witness not on board this boat O Other (describe):			
SIGNATURE OF PERSON SUBMITTING THIS REPORT			
DIGITATURE OF TERSON SUBMITTING THIS REPORT			1
Your signature:	Date:		mm/dd/yy

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-5422), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20593.