

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5578 (6/94)	BOAT OWNER'S REPORT - POSSIBLE SAFETY DEFECT U.S. Coast Guard Boating Safety Division	OMB NO. 1625-0071 (Expires 12/31/2009)
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OWNER INFORMATION

LAST NAME	FIRST NAME & MIDDLE INITIAL	TELEPHONE NO. (W/AREA CODE) Work: Home:
STREET ADDRESS	CITY	STATE ZIPCODE

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"/> * <input style="width: 100px; height: 20px;" type="text"/>

APPLICABLE ACCIDENT INFORMATION

ACCIDENT YES <input type="checkbox"/> NO <input type="checkbox"/>	NO. INJURIES	NO. FATALITIES	ESTIMATED PROPERTY DAMAGE (\$)
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.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. 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 (CG-54223), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0071), Washington, DC 20503.

Description of possible safety defect. Attach copies of any correspondence, repair orders, invoices, marine surveys, photos or sketches that you feel could substantiate the existence of the safety defect. If the possible safety defect is in a component installed or modified by someone other than the boat manufacturer, please so indicate and give details.

Defect description:

Signature of owner:

Date:

Fold to show return address below. Fasten with tape and mail. _____

**COMMANDANT (CG-54223)
RECREATIONAL BOATING PRODUCT
ASSURANCE BRANCH
U.S. COAST GUARD HEADQUARTERS
2100 SECOND STREET SW
WASHINGTON DC 20593-0001**