

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
RECREATIONAL BOATING ACCIDENT REPORT

OMB Control Number: 1625-0003

Expires: 9/30/2014

INSTRUCTIONS: Use "Report required because" section below to determine if a report is required for your accident. If required, please have each vessel owner or operator involved in the accident submit a report to their state reporting authority. Each boat operator/owner involved in an accident should submit a separate report. For each question below, please provide answers if applicable and if known; otherwise leave blank. Privacy Act Notice: Authority- 46 U.S.C. 6102 and 33 CFR 173 & 174 authorize the collection of information on boating accidents. Purpose-The Coast Guard uses this information for statistical purposes, chiefly to inform the public, to measure the Program's efforts, and to regulate issues relating to boating safety. Routine Uses-The Coast Guard shares this information within the agency, and if state and federal law permit it, to the public.

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 need of treatment beyond first aid*: If so, how many? _____

At least one person in this accident *disappeared* and has not yet been recovered: If so, how many? _____

All boat and other property *damage (e.g., fishing/hunting gear)* caused by this accident *totaled (or likely totaled)* \$2,000 or more:

Approximate value of damage to *your* boat: \$ _____

Approximate value of damage to *your* other property: \$ _____

Your or another *boat* in this accident was (or likely was) a *total loss*

Report submitted by (select all that apply):

Boat Operator (required if possible)

Boat Owner (if operator unable, or same as operator)

Other (describe): _____

To be submitted within:

48 hours (if injury, disappearance or death)

10 days (if boat/property damage only)

To be submitted to: (Local State Reporting Authority)

Phone:

You may submit any comments concerning the accuracy of the 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 20503. Questions relating to the collection of this data should be sent to the Coast Guard.

For State Agency Use Only

First Name	Last Name
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Phone: _____

First Name	Last Name	Phone
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Primary Cause of Accident

ACCIDENT SUMMARY

WHEN

Date: _____ Time: _____ am pm
(mm/dd/yyyy) (select one)

WHERE

Body of Water Name

Location (on water) description

Nearest city/town

County: _____ State: _____

YOUR BOAT – PEOPLE

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: _____

ACCIDENT DESCRIPTION: Briefly describe this accident (attach extra pages if necessary)

DAMAGE TO YOUR BOAT: Briefly summarize any damage to your boat

DAMAGE TO YOUR OTHER PROPERTY: (NOT BOAT)
Briefly summarize any damage to your other property (not boat)

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

YOUR BOAT

BOAT IDENTIFICATION

Your Boat Name:					Manufacturer:					
Model Name:					Model Year:					
Registration #:					Documentation #:					
Hull Identification # (HIN)										Rented: Yes No

SIZE ESTIMATES

Length: ft.	Depth from transom (stern) to keel (bottommost point): ft. in.	Beam width at widest point: ft.
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HULL MATERIAL

Type of Hull Material (select one)

Fiberglass	Wood	Rubber/vinyl/canvas	Other (describe):
Aluminum	Steel	Plastic	

BOAT TYPE

Boat Type (select one) Available Propulsion (select all that apply)

Cabin motorboat	Inflatable	Canoe	Personal watercraft (PWC) (e.g., Wave Runner™, Jet Ski™, Sea-Doo™)	Propeller	Air thrust
Open motorboat	Houseboat	Rowboat		Sail	Other (describe):
Auxiliary sail	Sail (only)	Air boat	Other (describe)	Manual	
Pontoon boat	Kayak			Water jet	

ENGINE

# Engines	Engine type and horsepower (select one)					Fuel type (select all that apply)				
Manufacturer	Outboard	Sterndrive (I/O)	Inboard	None	Gasoline	Diesel	Electric			
	Total horsepower: hp									

SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

US Coast Guard Auxiliary:	VSC Decal?	Yes	No	Federal Agency (Name)	
US Power Squadrons:	VSC Decal?	Yes	No	State Agency (Name)	
				Other Agency (Name)	
# Life jackets on board:	# Fire extinguishers on board:	Type of fire extinguishers (e.g., ABC):			
	# Fire extinguishers used:	Amount of fire extinguishers used:			

ACCIDENT DETAILS – EXTERNAL CONDITIONS

WEATHER

Overall weather was (select one)		It was (select one)		Visibility was (select one)		Wind was (select one)	
Clear	Raining	Day	Night	Good		0 mph (none)	
Cloudy	Snowing			Fair		Over 0, up to 12 mph (light)	
Foggy	Hazy			Poor		Over 12, up to 25 mph (moderate)	
Other (describe):		Approximate air temperature:		°F		Over 25, up to 55 mph (strong)	
						Over 55 mph (stormy)	

WATER

Overall water conditions (select one):			Other water conditions:			
Up to 6 in. waves (calm)			Approximate water temperature:		°F	
Over 6 in., up to 2 ft. waves (choppy)			Strong current?		Yes	No
Over 2 ft., up to 6 ft. waves (rough)			Hazardous waters? (e.g., rapid tidal flow, currents)		Yes	No
Over 6 ft. waves (very rough)			Congested waters?		Yes	No

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

ACCIDENT DETAILS – ACTIVITIES AND OPERATIONS ON YOUR BOAT

OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident:

Activities were (select one)

Operator/Passenger activities (select all that apply)

Recreational	Fishing	Tubing	Starting engine
Commercial	Hunting	Water Skiing	Making repairs
	White water activity (e.g., rafting)	Relaxing	Other (list):

BOAT OPERATIONS

Your boat operations at time of accident (select all that apply)

Cruising (underway under power)	Drifting	Racing	Towing another vessel
Changing direction	At anchor	Rowing/paddling	Launching
Changing speed	Being towed	Docking/undocking	Tied to dock/mooring
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)

Alcohol use	Improper lookout	Dam/lock	Starting in gear
Drug use	Operator inattention	Force of wake/wave	Sharp turn
Excessive speed	Operator inexperience	Hazardous waters	Restricted vision (e.g., fog)
Improper anchoring	Language barrier	Heavy weather	Mission/inadequate aids to navigation (e.g., buoy, daymarker)
Improper loading	Navigation rules violation	Ignition of fuel or vapor	Inadequate on-board navigation lights
Overloading	Failure to vent	Hull failure	People on gunwale, bow or transom
Other (describe):			

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	Onboard lights	Shift	Sound equipment (e.g., horn, whistle)
Electrical system	Seats	Radio	Auxiliary equipment
Fuel system	Steering	Fire extinguisher	Other (list):
Sail/mast	Throttle	Ventilation	
Onboard navigation aids (e.g., GPS)			

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, wake boarder, etc.	Person struck by propeller or propulsion unit
Capsizing	Person left boat voluntarily	Person electrocuted
Grounding	Person ejected from boat (caused by collision or maneuver)	
Sinking	Other (describe)	

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

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.

INJURED PERSON

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

INJURY DETAILS

Injury caused when person (select all that apply)	Nature of most serious injury (select one)
Struck the (e.g., boat, water):	Scrape/bruise
Was struck by a (e.g., boat, propeller):	Cut
Was exposed to carbon monoxide poisoning	Sprain/strain
Received an electric shock	Concussion/brain injury
Other (describe):	Spinal cord injury
Person was wearing lifejacket?	Broken/fractured bone
Person received treatment beyond first aid?	Body part of most serious injury (e.g., head, trunk, leg):
Person was admitted to a hospital?	

ACCIDENT DETAILS – YOUR BOAT – DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people on, struck by, or being towed by *your boat*.
If more than one death/disappearance to report, attach additional copies of this page.
If none, SKIP DEATHS/DISAPPEARANCES section.

PERSON WHO DIED/DISAPPEARED

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth (mm/dd/yyyy)	Age

DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person (select all that apply)	Nature of death/disappearance (select one)
Struck the (e.g., boat, water):	Death – by drowning
Was struck by a (e.g., boat, propeller):	Death – other likely cause (describe)
Was exposed to carbon monoxide poisoning	Disappeared and not yet recovered
Received an electric shock	
Other (describe):	Person was wearing lifejacket?
	Yes
	No

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

ACCIDENT DETAILS – YOUR BOAT OPERATOR

OPERATOR INSTRUCTION		OPERATOR SAFETY MEASURES				
Boating safety instruction completed <i>(select all that apply)</i>		On board, prior to accident, was operator wearing:				
<input type="checkbox"/>	None	A lifejacket?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	State course	An engine cut-off switch (<i>Lanyard or wireless device</i>) if equipped?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	USCG Auxiliary course	On board, prior to accident, was operator using:				
<input type="checkbox"/>	US Power Squadrons course	Alcohol?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Internet <i>(name of sponsoring organization)</i>	Drugs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Other <i>(describe)</i>	Operator arrested for Boating Under the Influence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		Weather reports consulted prior to accident?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

OPERATOR EXPERIENCE

Experience operating this type of boat *(select one)*

<input type="checkbox"/>	0 to 10 hours	<input type="checkbox"/>	Over 10, up to 100 hours	<input type="checkbox"/>	Over 100, up to 500 hours	<input type="checkbox"/>	Over 500 hours
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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 Name		MI	Last Name		
Street					
City		State	Zip	Phone	
Other boat name <i>(if any)</i>			Other boat registration # <i>(if any)</i>		

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 Name		MI	Last Name		
Street					
City		State	Zip	Phone	
Other boat name <i>(if any)</i>			Other boat registration # <i>(if any)</i>		

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

YOUR BOAT OPERATOR

NAME/ADDRESS

First Name	MI	Last Name
Street		
City	State	Zip

AGE/GENDER/PHONE

Date of Birth (mm/dd/yyyy)	Age	Gender	Male	Female	Phone
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YOUR BOAT OWNER

If same as *your boat operator* SKIP rest of YOUR BOAT OWNER section.

NAME/ADDRESS/PHONE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

PERSON SUBMITTING THIS REPORT

If same as *your boat operator* OR *owner*, SKIP rest of PERSON SUBMITTING THIS REPORT section.

NAME/ADDRESS/PHONE/ROLE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

I was a(n) (select one)

<input type="checkbox"/>	Other person on board <i>this</i> boat
<input type="checkbox"/>	Accident witness <i>not</i> on board <i>this</i> boat
<input type="checkbox"/>	Other (<i>describe</i>):

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature	Date (mm/dd/yyyy)
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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 20503.