

BOAT ACCIDENT REPORT



The operator of every vessel is required to file a report in writing whenever a boating accident results in: loss of life or disappearance from a vessel; an injury which required medical treatment beyond first aid; or property damage in excess of \$500 or complete loss of the vessel. Reports must be submitted within 5 days to Colorado Parks and Wildlife, Boating Safety Program, 13787 s. Hwy. 85, Littleton, Colorado 80125. Any person failing to file this report when required is guilty of a misdemeanor and, upon conviction thereof, shall be punished as provided for by law. (C.R.S. as amended)

PERSON COMPLETING REPORT/OPERATOR

Last Name	First Name	Street Address
City	State	ZIP
Phone Number	Date of Birth/Age in Years	<input type="checkbox"/> Male <input type="checkbox"/> Female
Operator Experience with this vessel <input type="checkbox"/> <10 HRS <input type="checkbox"/> >500 HRS <input type="checkbox"/> 10-100 HRS <input type="checkbox"/> Other <input type="checkbox"/> 100-500 HRS	Operator Instruction In Boating Safety <input type="checkbox"/> State Course <input type="checkbox"/> Red Cross <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Internet Course <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> None <input type="checkbox"/> Other	
Status of Person Completing Report <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other(Specify)		
Vessel Owner's Last Name	First Name/ Middle Initial	Street Address
City	State ZIP	Phone Number

ACCIDENT DATA

Body of Water	County	Latitude
Date of Accident	Time of Accident	Longitude
Vessel Make/Model/Year	Vessel #1 HIN	Vessel Registration Number
Weather <input type="checkbox"/> CLEAR <input type="checkbox"/> SNOW <input type="checkbox"/> UNKNOWN <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> CLOUDY <input type="checkbox"/> HAZY	Water Conditions <input type="checkbox"/> CALM (<6" WAVES) <input type="checkbox"/> VERY ROUGH (>6" WAVES) <input type="checkbox"/> CHOPPY (6"-2' WAVES) <input type="checkbox"/> STRONG/SWIFT CURRENT <input type="checkbox"/> ROUGH (2'-6" WAVES)	Wind <input type="checkbox"/> NONE <input type="checkbox"/> STRONG (25-54MPH) <input type="checkbox"/> LIGHT (0-12MPH) <input type="checkbox"/> STORM (>55MPH) <input type="checkbox"/> MODERATE (13-24MPH)
Visibility <input type="checkbox"/> DAY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> NIGHT <input type="checkbox"/> POOR	Was Alcohol Involved	Number Injured Beyond First Aid
Name and address of injured or deceased person(s)		Number Deceased
Number of vessels involved	Vessels #2 HIN	Vessels #3 HIN

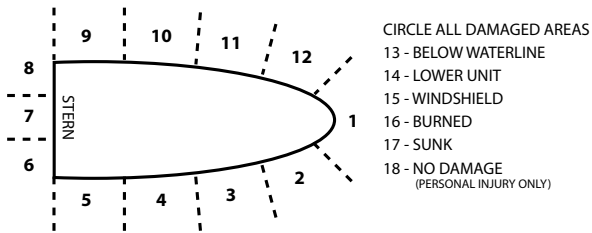
OPERATOR OF VESSEL 2 (IF MORE THAN TWO VESSELS ARE INVOLVED ATTACH ADDITIONAL SHEETS)

Last Name	First Name	Street Address
City	State	ZIP
Phone Number	Date of Birth/Age in Years	<input type="checkbox"/> Male <input type="checkbox"/> Female
Operator Experience with this vessel <input type="checkbox"/> <10 HRS <input type="checkbox"/> >500 HRS <input type="checkbox"/> 10-100 HRS <input type="checkbox"/> Other <input type="checkbox"/> 100-500 HRS	Operator Instruction In Boating Safety <input type="checkbox"/> State Course <input type="checkbox"/> Red Cross <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> Internet Course <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> None <input type="checkbox"/> Other	
Status of Person Completing Report <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other(Specify)		
Vessel Owner's Last Name	First Name/ Middle Initial	Street Address
City	State ZIP	Phone Number

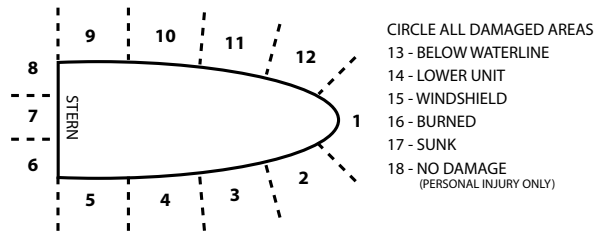
PROPERTY DAMAGE DESCRIPTION/NATURE OF INJURY

Describe what happened (sequence of events). Please include location of accident. Include a diagram and continue on additional sheets if necessary. Include information about life jackets. Refer to vessels as vessel 1, vessel 2, ect. Refer to individuals as operator 1, operator 2, victim 1, victim 2 ect. Inside each vessel diagram label where every person was located at time of accident. Refer to operator 1 and 2 as O1 and O2, every other person use P1, P2, ect.

VESSEL # _____ INITIAL IMPACT POINT # _____



VESSEL # _____ INITIAL IMPACT POINT # _____



PROPERTY DAMAGE DESCRIPTION/NATURE OF INJURY

Signature

Date