



STATE OF COLORADO -
COLORADO PARKS AND WILDLIFE
Boat Incident Report Form

REPORTING AGENCY	
CASE NUMBER	CONNECTING CASE #

THE OPERATOR OF EVERY VESSEL IS REQUIRED TO FILE A REPORT IN WRITING WHENEVER A BOATING INCIDENT 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 \$2000 OR COMPLETE LOSS OF THE VESSEL. REPORTS MUST BE SUBMITTED WITHIN 5 DAYS. ALL REPORTS MUST BE SUBMITTED TO COLORADO PARKS AND WILDLIFE, 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)

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

INCIDENT DATA

NUMBER OF PERSONS DECEASED	NUMBER INJURED BEYOND FIRST AID	NUMBER DISAPPEARED
NUMBER OF VESSELS INVOLVED	TOTAL PROPERTY DAMAGE AMOUNT \$	WAS VESSEL A TOTAL LOSS <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE OF INCIDENT	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LATITUDE
LOCATION NAME	STATE COUNTY	LONGITUDE
NAME OF BODY OF WATER	NEAREST CITY OR TOWN	ALCOHOL/DRUGS INVOLVED <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE REPORTED	TIME REPORTED <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY CODE

REPORT STATUS STATE REPORTABLE USCG REPORTABLE RECREATIONAL COMMERCIAL USCG NON-REPORTABLE

WEATHER (CHECK ALL APPLICABLE) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY <input type="checkbox"/> UNKNOWN	WATER CONDITIONS <input type="checkbox"/> CALM (WAVES < 6") <input type="checkbox"/> CHOPPY (WAVES 6" - 2') <input type="checkbox"/> ROUGH (WAVES 2' - 6') <input type="checkbox"/> VERY ROUGH (> 6') <input type="checkbox"/> STRONG / SWIFT CURRENT	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)	TEMPERATURE AIR () °F WATER () °F	VISIBILITY DAY NIGHT <input type="checkbox"/> GOOD <input type="checkbox"/> <input type="checkbox"/> FAIR <input type="checkbox"/> <input type="checkbox"/> POOR <input type="checkbox"/>
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PERSON COMPLETING REPORT

LAST NAME	FIRST	PHONE NO. ()
STREET ADDRESS	CITY	STATE ZIP
STATUS OF PERSON COMPLETING REPORT <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> INVESTIGATOR <input type="checkbox"/> OTHER (SPECIFY)		
SIGNATURE	DATE SUBMITTED	

FOR AGENCY USE ONLY

CAUSES BASED ON (CHECK ONE) <input type="checkbox"/> THIS REPORT <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> INVESTIGATION AND THIS REPORT <input type="checkbox"/> OTHER (SPECIFY)		
NAME OF REVIEWING STATE REPORTING AUTHORITY	DATE RECEIVED	
SIGNATURE OF REVIEWING OFFICIAL	DATE REVIEWED	
INVESTIGATOR'S LAST NAME	FIRST	PHONE NO. ()
PRIMARY CAUSE	SECONDARY CAUSE	TERTIARY CAUSE

OPERATOR / OWNER INFORMATION 1 (IF MORE THAN 3, ATTACH ADDITIONAL FORMS)

OPERATOR 1 LAST NAME		FIRST			MIDDLE INITIAL	
STREET ADDRESS				CITY		
STATE	ZIP	PHONE NO. ()		DATE OF BIRTH	AGE IN YEARS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPERATOR EXPERIENCE WITH THIS VESSEL			OPERATOR INSTRUCTION IN BOATING SAFETY		
	<input type="checkbox"/> < 10 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> 100 - 500 HOURS	<input type="checkbox"/> > 500 HOURS <input type="checkbox"/> OTHER	<input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRONS	<input type="checkbox"/> RED CROSS <input type="checkbox"/> INTERNET COURSE (SPECIFY)	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (SPECIFY)	
OWNER 1 LAST NAME		FIRST			MIDDLE INITIAL	
STREET ADDRESS				CITY		
STATE	ZIP	PHONE NO. ()				

OPERATOR / OWNER INFORMATION 2

OPERATOR 2 LAST NAME		FIRST			MIDDLE INITIAL	
STREET ADDRESS				CITY		
STATE	ZIP	PHONE NO. ()		DATE OF BIRTH	AGE IN YEARS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPERATOR EXPERIENCE WITH THIS VESSEL			OPERATOR INSTRUCTION IN BOATING SAFETY		
	<input type="checkbox"/> < 10 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> 100 - 500 HOURS	<input type="checkbox"/> > 500 HOURS <input type="checkbox"/> OTHER	<input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRONS	<input type="checkbox"/> RED CROSS <input type="checkbox"/> INTERNET COURSE (SPECIFY)	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (SPECIFY)	
OWNER 2 LAST NAME		FIRST			MIDDLE INITIAL	
STREET ADDRESS				CITY		
STATE	ZIP	PHONE NO. ()				

OPERATOR / OWNER INFORMATION 3

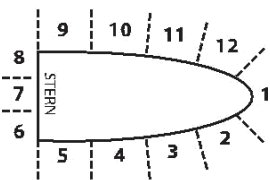
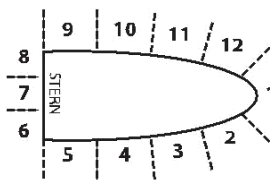
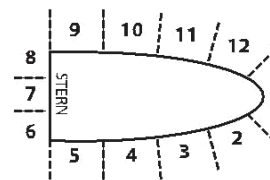
OPERATOR 3 LAST NAME		FIRST			MIDDLE INITIAL	
STREET ADDRESS				CITY		
STATE	ZIP	PHONE NO. ()		DATE OF BIRTH	AGE IN YEARS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPERATOR EXPERIENCE WITH THIS VESSEL			OPERATOR INSTRUCTION IN BOATING SAFETY		
	<input type="checkbox"/> < 10 HOURS <input type="checkbox"/> 10 - 100 HOURS <input type="checkbox"/> 100 - 500 HOURS	<input type="checkbox"/> > 500 HOURS <input type="checkbox"/> OTHER	<input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRONS	<input type="checkbox"/> RED CROSS <input type="checkbox"/> INTERNET COURSE (SPECIFY)	<input type="checkbox"/> NONE <input type="checkbox"/> OTHER (SPECIFY)	
OWNER 3 LAST NAME		FIRST			MIDDLE INITIAL	
STREET ADDRESS				CITY		
STATE	ZIP	PHONE NO. ()				

INCIDENT 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 INCIDENT. 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 1, OPERATOR 2, VICTIM 1, VICTIM 2, ETC. AND TO THE VESSEL(S) INVOLVED AS VESSEL 1, VESSEL 2, ETC.

FOR EXAMPLE: OPERATOR OF VESSEL 1 DID NOT HAVE A PROPER LOOKOUT AND RAN INTO VESSEL 2 INJURING VICTIMS 1 AND 2 ON VESSEL 2.

<p>VESSEL # _____ INITIAL IMPACT POINT # _____</p>  <p>CIRCLE ALL DAMAGED AREAS</p> <ul style="list-style-type: none"> 13 - BELOW WATERLINE 14 - LOWER UNIT 15 - WINDSHIELD 16 - BURNED 17 - SUNK 18 - NO DAMAGE <small>(PERSONAL INJURY ONLY)</small> 	<p>VESSEL # _____ INITIAL IMPACT POINT # _____</p>  <p>CIRCLE ALL DAMAGED AREAS</p> <ul style="list-style-type: none"> 13 - BELOW WATERLINE 14 - LOWER UNIT 15 - WINDSHIELD 16 - BURNED 17 - SUNK 18 - NO DAMAGE <small>(PERSONAL INJURY ONLY)</small> 	<p>VESSEL # _____ INITIAL IMPACT POINT # _____</p>  <p>CIRCLE ALL DAMAGED AREAS</p> <ul style="list-style-type: none"> 13 - BELOW WATERLINE 14 - LOWER UNIT 15 - WINDSHIELD 16 - BURNED 17 - SUNK 18 - NO DAMAGE <small>(PERSONAL INJURY ONLY)</small>
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VESSEL INFORMATION (COMPLETE ONE FORM FOR EACH VESSEL) VESSEL# <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (CHECK ONE)			
NUMBER DECEASED FOR THIS VESSEL	OPERATOR DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER INJURED BEYOND FIRST AID FOR THIS VESSEL	
AMOUNT OF DAMAGE FOR THIS VESSEL \$	DESCRIBE VESSEL DAMAGE		
AMOUNT OF DAMAGE TO OTHER PROPERTY \$	DESCRIBE OTHER PROPERTY DAMAGE		
VESSEL REGISTRATION NUMBER	STATE	VESSEL MAKE	
HULL IDENTIFICATION NUMBER (HIN)		VESSEL MODEL	
NAME OF VESSEL MANUFACTURER		YEAR BUILT	VESSEL LENGTH IN FEET AND INCHES
RENTED VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR LIVED AT VESSEL OWNER'S RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO VESSEL OWNER WAS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OPERATOR <input type="checkbox"/> NOT PRESENT	BUI ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR BAC _____
COAST GUARD (USCG) APPROVED PERSONAL FLOTATION DEVICES (PFDs) REQUIRED NUMBER OF USCG APPROVED PFDs ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USCG APPROVED PFDs ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR WEARING USCG PFD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
		SAFETY LANYARD USED APPROPRIATELY <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF VESSEL <input type="checkbox"/> AIR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> INFLATABLE BOAT <input type="checkbox"/> JET BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> PADDLECRAFT CANOE KAYAK STANDUP PADDLEBOARD <input type="checkbox"/> PERSONAL WATERCRAFT (PWC) <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> OTHER (SPECIFY)	VESSEL HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> RIGID HULL INFLATABLE <input type="checkbox"/> KEVLAR <input type="checkbox"/> PLASTIC (ROYALEX, POLYETHYLENE) <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER(SPECIFY)	ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> STERNDRIVE <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD <input type="checkbox"/> MANUAL <input type="checkbox"/> NO ENGINE <input type="checkbox"/> OTHER: <input type="checkbox"/> POD DRIVE	PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL <input type="checkbox"/> AIR THRUST
		NUMBER OF ENGINES _____	
		ENGINE MAKE _____	
		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER:	
		TOTAL HORSEPOWER FOR PRIMARY ENGINE (S) _____	
		ENGINE SERIAL NUMBER (S) _____	
INCIDENT EVENTS AND CONTRIBUTING FACTORS			
OPERATION AT TIME OF INCIDENT <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"/> TOWING WATER DEVICE OR SKIER <input type="checkbox"/> OTHER (SPECIFY)	ACTIVITY AT TIME OF INCIDENT <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> FUELING <input type="checkbox"/> HUNTING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> RACING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> SWIMMING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> FISHING TOURNAMENT <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> WHITEWATER BOATING <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF INCIDENT (NUMBER BY ORDER OF OCCURRENCE) ____ CAPSIZING ____ CARBON MONOXIDE EXPOSURE ____ COLLISION WITH FIXED OBJECT ____ COLLISION WITH FLOATING OBJECT ____ COLLISION WITH VESSEL ____ ELECTROCUTION ____ FALL WITHIN A VESSEL ____ FALL ON A VESSEL ____ FALL OVERBOARD ____ FIRE OR EXPLOSION (OTHER)	
		____ FIRE/EXPLOSION (FUEL) ____ FLOODING/SWAMPING ____ GROUNDING ____ PERSON LEAVES A VESSEL ____ PERSON EJECTED FROM A VESSEL ____ SINKING ____ SKIER MISHAP ____ STRUCK BY VESSEL ____ STRUCK BY PROPELLER OR PROPULSION UNIT ____ STRUCK SUBMERGED OBJECT ____ OTHER (SPECIFY)	
BOATING CITATIONS ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF VIOLATION			

VESSEL INFORMATION CONTINUED (COMPLETE ONE FORM FOR EACH VESSEL)					VESSEL# <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (CHECK ONE)		
DID THE INCIDENT RESULT IN A HIT AND RUN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PEOPLE ON BOARD		NUMBER OF PEOPLE BEING TOWED			
ESTIMATED SPEED AT TIME OF 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					
<input type="checkbox"/> IDLING <input type="checkbox"/> PLOWING		<input type="checkbox"/> ACCELERATING <input type="checkbox"/> PLANING (ON PLANE)		<input type="checkbox"/> DECELERATING			
CONTRIBUTING FACTORS (CHECK ALL THAT APPLY)				SPECIFY "EQUIPMENT FAILURE"			
<input type="checkbox"/> ALCOHOL USE		<input type="checkbox"/> OPERATOR INEXPERIENCE		<input type="checkbox"/> AUXILIARY EQUIPMENT FAILUIRE			
<input type="checkbox"/> CARELESS/RECKLESS OPERATION		<input type="checkbox"/> OVERLOADING		<input type="checkbox"/> COMMUNICATION EQUIPMENT FAILURE			
<input type="checkbox"/> CONGESTED WATERS		<input type="checkbox"/> PASSENGER / SKIER BEHAVIOR		<input type="checkbox"/> FIRE EXTINGUISHER NOT SERVICEABLE			
<input type="checkbox"/> DAM / LOCK		<input type="checkbox"/> RESTRICTED VISION		<input type="checkbox"/> SAIL DISMASTING			
<input type="checkbox"/> DRUG USE		<input type="checkbox"/> RULES OF THE ROAD VIOLATION		<input type="checkbox"/> SEAT BROKE LOOSE			
<input type="checkbox"/> EQUIPMENT FAILURE		<input type="checkbox"/> SHARP TURN		<input type="checkbox"/> SOUND PRODUCING EQUIPMENT FAILURE			
<input type="checkbox"/> EXCESSIVE SPEED		<input type="checkbox"/> STANDING / SITTING ON		<input type="checkbox"/> VISUAL DISTRESS SIGNALS FAILED			
<input type="checkbox"/> FAILURE TO VENT		<input type="checkbox"/> GUNWHALE, BOWS, OR TRANSOM					
<input type="checkbox"/> HAZARDOUS WATERS		<input type="checkbox"/> STARTING IN GEAR		SPECIFY "MACHINERY FAILURE"			
<input type="checkbox"/> VESSEL HULL FAILURE		<input type="checkbox"/> WAKE		<input type="checkbox"/> ELECTRIC SYSTEM FAILURE			
<input type="checkbox"/> IGNITION OF SPILLED FUEL		<input type="checkbox"/> WEATHER (HEAVY)		<input type="checkbox"/> ENGINE FAILURE			
<input type="checkbox"/> OR VAPOR		<input type="checkbox"/> NO PROPER LOOKOUT		<input type="checkbox"/> FUEL SYSTEM FAILURE			
<input type="checkbox"/> MACHINERY FAILURE		<input type="checkbox"/> OFF-THROTTLE STEERING		<input type="checkbox"/> SHIFT FAILURE			
<input type="checkbox"/> OPERATOR INATTENTION		<input type="checkbox"/> NAVIGATION AID MISSING		<input type="checkbox"/> STEERING SYSTEM FAILURE			
<input type="checkbox"/> IMPROPER ANCHORING		<input type="checkbox"/> NAVIGATION AID NOT PERFORMING PROPERLY		<input type="checkbox"/> THROTTLE FAILURE			
<input type="checkbox"/> IMPROPER LOADING		<input type="checkbox"/> OTHER (SPECIFY)		<input type="checkbox"/> VENTILATION SYSTEM FAILURE			
<input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS							
INCIDENT DESCRIPTORS							
<input type="checkbox"/> BOAT FOUND CAPSIZED		<input type="checkbox"/> BOAT STRUCK BY LIGHTNING		<input type="checkbox"/> BOAT FOUND UPRIGHT, DRIFTING, OCCUPANTS DISAPPEARED			
<input type="checkbox"/> COLLISION WITH COMMERCIAL VESSEL		<input type="checkbox"/> VICTIM STRUCK BY BOOM		<input type="checkbox"/> VICTIM ENTANGLED IN LINES			
<input type="checkbox"/> PARASAILING INCIDENT		<input type="checkbox"/> RUNAWAY BOAT					
ESTIMATED NUMBER OF DAYS VESSEL USED THIS YEAR				TYPICAL NUMBER OF HOURS VESSEL USED EACH DAY THIS YEAR			
TYPICAL NUMBER OF PERSONS (INCLUDING YOURSELF) ON BOARD VESSEL EACH DAY THIS YEAR							
OTHER PEOPLE ON BOARD THIS VESSEL (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)							
LAST NAME			FIRST			MIDDLE INITIAL	
STREET ADDRESS			CITY				
DATE OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		STATE		ZIP	
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO		PFD WORN PRIOR TO INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		PFD WORN AS A RESULT OF INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
LAST NAME			FIRST			MIDDLE INITIAL	
STREET ADDRESS			CITY				
DATE OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		STATE		ZIP	
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO		PFD WORN PRIOR TO INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		PFD WORN AS A RESULT OF INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
WITNESSES NOT ON THIS VESSEL (IF MORE THAN 2 WITNESSES, LIST ON SEPARATE SHEET)							
WITNESS 1 LAST NAME			FIRST			PHONE NO. ()	
STREET ADDRESS			CITY		STATE		ZIP
WITNESS 2 LAST NAME			FIRST			PHONE NO. ()	
STREET ADDRESS			CITY		STATE		ZIP

VESSEL INFORMATION (COMPLETE ONE FORM FOR EACH VESSEL) VESSEL# <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (CHECK ONE)			
NUMBER DECEASED FOR THIS VESSEL	OPERATOR DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER INJURED BEYOND FIRST AID FOR THIS VESSEL	
AMOUNT OF DAMAGE FOR THIS VESSEL \$	DESCRIBE VESSEL DAMAGE		
AMOUNT OF DAMAGE TO OTHER PROPERTY \$	DESCRIBE OTHER PROPERTY DAMAGE		
VESSEL REGISTRATION NUMBER	STATE	VESSEL MAKE	
HULL IDENTIFICATION NUMBER (HIN)		VESSEL MODEL	
NAME OF VESSEL MANUFACTURER		YEAR BUILT	VESSEL LENGTH IN FEET AND INCHES
RENTED VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR LIVED AT VESSEL OWNER'S RESIDENCE <input type="checkbox"/> YES <input type="checkbox"/> NO VESSEL OWNER WAS <input type="checkbox"/> OCCUPANT <input type="checkbox"/> OPERATOR <input type="checkbox"/> NOT PRESENT	BUI ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO	OPERATOR BAC _____
COAST GUARD (USCG) APPROVED PERSONAL FLOTATION DEVICES (PFDs) REQUIRED NUMBER OF USCG APPROVED PFDs ON BOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO USCG APPROVED PFDs ACCESSIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO		OPERATOR WEARING USCG PFD <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS ON BOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
		SAFETY LANYARD USED APPROPRIATELY <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHERS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF VESSEL <input type="checkbox"/> AIR BOAT <input type="checkbox"/> AUXILIARY SAIL <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> INFLATABLE BOAT <input type="checkbox"/> JET BOAT <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> PADDLECRAFT CANOE KAYAK STANDUP PADDLEBOARD <input type="checkbox"/> PERSONAL WATERCRAFT (PWC) <input type="checkbox"/> PONTOON BOAT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> SAIL (ONLY) <input type="checkbox"/> OTHER (SPECIFY)	VESSEL HULL MATERIAL <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> ALUMINUM <input type="checkbox"/> RUBBER/VINYL/CANVAS <input type="checkbox"/> RIGID HULL INFLATABLE <input type="checkbox"/> KEVLAR <input type="checkbox"/> PLASTIC (ROYALEX, POLYETHYLENE) <input type="checkbox"/> WOOD <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER(SPECIFY)	ENGINE <input type="checkbox"/> OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> STERNDRIVE <input type="checkbox"/> SAIL <input type="checkbox"/> INBOARD <input type="checkbox"/> MANUAL <input type="checkbox"/> NO ENGINE <input type="checkbox"/> OTHER: <input type="checkbox"/> POD DRIVE	PROPULSION <input type="checkbox"/> PROPELLER <input type="checkbox"/> WATER JET <input type="checkbox"/> MANUAL <input type="checkbox"/> SAIL <input type="checkbox"/> AIR THRUST
		NUMBER OF ENGINES _____	
		ENGINE MAKE _____	
		FUEL <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER:	
		TOTAL HORSEPOWER FOR PRIMARY ENGINE (S) _____	
		ENGINE SERIAL NUMBER (S) _____	
INCIDENT EVENTS AND CONTRIBUTING FACTORS			
OPERATION AT TIME OF INCIDENT <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"/> TOWING WATER DEVICE OR SKIER <input type="checkbox"/> OTHER (SPECIFY)	ACTIVITY AT TIME OF INCIDENT <input type="checkbox"/> COMMERCIAL ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> FUELING <input type="checkbox"/> HUNTING <input type="checkbox"/> MAKING REPAIRS <input type="checkbox"/> RACING <input type="checkbox"/> STARTING ENGINE <input type="checkbox"/> SWIMMING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> FISHING TOURNAMENT <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> WHITEWATER BOATING <input type="checkbox"/> OTHER (SPECIFY)	TYPE OF INCIDENT (NUMBER BY ORDER OF OCCURRENCE) ____ CAPSIZING ____ CARBON MONOXIDE EXPOSURE ____ COLLISION WITH FIXED OBJECT ____ COLLISION WITH FLOATING OBJECT ____ COLLISION WITH VESSEL ____ ELECTROCUTION ____ FALL WITHIN A VESSEL ____ FALL ON A VESSEL ____ FALL OVERBOARD ____ FIRE OR EXPLOSION (OTHER) ____ FIRE/EXPLOSION (FUEL) ____ FLOODING/SWAMPING ____ GROUNDING ____ PERSON LEAVES A VESSEL ____ PERSON EJECTED FROM A VESSEL ____ SINKING ____ SKIER MISHAP ____ STRUCK BY VESSEL ____ STRUCK BY PROPELLER OR PROPULSION UNIT ____ STRUCK SUBMERGED OBJECT ____ OTHER (SPECIFY)	
BOATING CITATIONS ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF VIOLATION			

VESSEL INFORMATION CONTINUED (COMPLETE ONE FORM FOR EACH VESSEL)		VESSEL# <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 (CHECK ONE)	
DID THE INCIDENT RESULT IN A HIT AND RUN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF PEOPLE ON BOARD	NUMBER OF PEOPLE BEING TOWED
ESTIMATED SPEED AT TIME OF INCIDENT <input type="checkbox"/> IDLING <input type="checkbox"/> PLOWING <input type="checkbox"/> ACCELERATING <input type="checkbox"/> PLANING (ON PLANE) <input type="checkbox"/> DECELERATING <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"/> OPERATOR INEXPERIENCE <input type="checkbox"/> CARELESS/RECKLESS OPERATION <input type="checkbox"/> OVERLOADING <input type="checkbox"/> CONGESTED WATERS <input type="checkbox"/> PASSENGER / SKIER BEHAVIOR <input type="checkbox"/> DAM / LOCK <input type="checkbox"/> RESTRICTED VISION <input type="checkbox"/> DRUG USE <input type="checkbox"/> RULES OF THE ROAD VIOLATION <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> SHARP TURN <input type="checkbox"/> EXCESSIVE SPEED <input type="checkbox"/> STANDING / SITTING ON <input type="checkbox"/> FAILURE TO VENT GUNWHALE, BOWS, OR TRANSOM <input type="checkbox"/> HAZARDOUS WATERS <input type="checkbox"/> STARTING IN GEAR <input type="checkbox"/> VESSEL HULL FAILURE <input type="checkbox"/> WAKE <input type="checkbox"/> IGNITION OF SPILLED FUEL OR VAPOR <input type="checkbox"/> WEATHER (HEAVY) <input type="checkbox"/> MACHINERY FAILURE <input type="checkbox"/> NO PROPER LOOKOUT <input type="checkbox"/> OPERATOR INATTENTION <input type="checkbox"/> OFF-THROTTLE STEERING <input type="checkbox"/> IMPROPER ANCHORING <input type="checkbox"/> NAVIGATION AID MISSING <input type="checkbox"/> IMPROPER LOADING <input type="checkbox"/> NAVIGATION AID NOT PERFORMING PROPERLY <input type="checkbox"/> LACK OF / IMPROPER BOAT LIGHTS <input type="checkbox"/> OTHER (SPECIFY)		SPECIFY "EQUIPMENT FAILURE" <input type="checkbox"/> AUXILIARY EQUIPMENT FAILUIRE <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	
INCIDENT DESCRIPTORS			
<input type="checkbox"/> BOAT FOUND CAPSIZED		<input type="checkbox"/> BOAT STRUCK BY LIGHTNING	<input type="checkbox"/> BOAT FOUND UPRIGHT, DRIFTING, OCCUPANTS DISAPPEARED
<input type="checkbox"/> COLLISION WITH COMMERCIAL VESSEL		<input type="checkbox"/> VICTIM STRUCK BY BOOM	<input type="checkbox"/> VICTIM ENTANGLED IN LINES
<input type="checkbox"/> PARASAILING INCIDENT			
ESTIMATED NUMBER OF DAYS VESSEL USED THIS YEAR		TYPICAL NUMBER OF HOURS VESSEL USED EACH DAY THIS YEAR	
TYPICAL NUMBER OF PERSONS (INCLUDING YOURSELF) ON BOARD VESSEL EACH DAY THIS YEAR			
OTHER PEOPLE ON BOARD THIS VESSEL (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)			
LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS		CITY	
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE	ZIP
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN PRIOR TO INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN AS A RESULT OF INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS		CITY	
DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	STATE	ZIP
WAS PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN PRIOR TO INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	PFD WORN AS A RESULT OF INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN INFLATABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
WITNESSES NOT ON THIS VESSEL (IF MORE THAN 2 WITNESSES, LIST ON SEPARATE SHEET)			
WITNESS 1 LAST NAME		FIRST	PHONE NO. ()
STREET ADDRESS		CITY	STATE ZIP
WITNESS 2 LAST NAME		FIRST	PHONE NO. ()
STREET ADDRESS		CITY	STATE ZIP

INJURED VICTIMS (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)			
VICTIM 1 LAST NAME		FIRST	MIDDLE INITIAL
VICTIM 1 STREET ADDRESS			
CITY		STATE	ZIP
WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?		AGE OF VICTIM	DATE OF BIRTH
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> YES <input type="checkbox"/> NO ADMITTED TO HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY (CHECK ALL THAT APPLY)	
WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO PRIOR TO INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO AS A RESULT OF INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF PFD WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V	PRIMARY	SECONDARY
PFD WORN WAS <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE	USCG PFD APPROVAL NUMBER 160. _____	AMPUTATION <input type="checkbox"/> BACK INJURY <input type="checkbox"/> BROKEN BONE(S) <input type="checkbox"/> BURNS <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> CONTUSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> INTERNAL INJURIES <input type="checkbox"/> LACERATION <input type="checkbox"/> NECK INJURY <input type="checkbox"/> SHOCK <input type="checkbox"/> SPINAL INJURY <input type="checkbox"/> SPRAIN / STRAIN <input type="checkbox"/> TEETH <input type="checkbox"/>	AMPUTATION <input type="checkbox"/> BACK INJURY <input type="checkbox"/> BROKEN BONE(S) <input type="checkbox"/> BURNS <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> CONTUSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> INTERNAL INJURIES <input type="checkbox"/> LACERATION <input type="checkbox"/> NECK INJURY <input type="checkbox"/> SHOCK <input type="checkbox"/> SPINAL INJURY <input type="checkbox"/> SPRAIN / STRAIN <input type="checkbox"/> TEETH <input type="checkbox"/>
ALCOHOL USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO BAC _____			
INJURY CAUSED BY (CHECK ALL THAT APPLY)			
IMPACT WITH VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH WATER <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH FIXED / FLOATING OBJECT <input type="checkbox"/> YES <input type="checkbox"/> NO STRUCK BY VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO STRUCK BY PROPULSION SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO EXPOSURE TO ELEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
INJURED STATUS			
<input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER			
VICTIM 2 LAST NAME		FIRST	MIDDLE INITIAL
VICTIM 2 STREET ADDRESS			
CITY		STATE	ZIP
WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?		AGE OF VICTIM	DATE OF BIRTH
MEDICAL TREATMENT BEYOND FIRST AID? <input type="checkbox"/> YES <input type="checkbox"/> NO ADMITTED TO HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY (CHECK ALL THAT APPLY)	
WAS PFD WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO PRIOR TO INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO AS A RESULT OF INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF PFD WORN <input type="checkbox"/> TYPE I <input type="checkbox"/> TYPE II <input type="checkbox"/> TYPE III <input type="checkbox"/> TYPE V	PRIMARY	SECONDARY
PFD WORN WAS <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE	USCG PFD APPROVAL NUMBER 160. _____	AMPUTATION <input type="checkbox"/> BACK INJURY <input type="checkbox"/> BROKEN BONE(S) <input type="checkbox"/> BURNS <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> CONTUSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> INTERNAL INJURIES <input type="checkbox"/> LACERATION <input type="checkbox"/> NECK INJURY <input type="checkbox"/> SHOCK <input type="checkbox"/> SPINAL INJURY <input type="checkbox"/> SPRAIN / STRAIN <input type="checkbox"/> TEETH <input type="checkbox"/>	AMPUTATION <input type="checkbox"/> BACK INJURY <input type="checkbox"/> BROKEN BONE(S) <input type="checkbox"/> BURNS <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> CONTUSION <input type="checkbox"/> DISLOCATION <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> HEAD INJURY <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> INTERNAL INJURIES <input type="checkbox"/> LACERATION <input type="checkbox"/> NECK INJURY <input type="checkbox"/> SHOCK <input type="checkbox"/> SPINAL INJURY <input type="checkbox"/> SPRAIN / STRAIN <input type="checkbox"/> TEETH <input type="checkbox"/>
ALCOHOL USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO BAC _____			
INJURY CAUSED BY (CHECK ALL THAT APPLY)			
IMPACT WITH VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH WATER <input type="checkbox"/> YES <input type="checkbox"/> NO IMPACT WITH FIXED / FLOATING OBJECT <input type="checkbox"/> YES <input type="checkbox"/> NO STRUCK BY VESSEL <input type="checkbox"/> YES <input type="checkbox"/> NO STRUCK BY PROPULSION SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO EXPOSURE TO ELEMENTS <input type="checkbox"/> YES <input type="checkbox"/> NO			
INJURED STATUS			
<input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER			

DECEASED VICTIMS (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)				
VICTIM 1 LAST NAME		FIRST		MIDDLE INITIAL
VICTIM 1 STREET ADDRESS				
CITY		STATE		ZIP
WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?		AGE OF VICTIM		DATE OF BIRTH
ALCOHOL USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO BAC _____		DRUG USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____		
CAUSE OF DEATH <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> DROWNING <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> TRAUMA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)		VICTIM ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> OTHER (SPECIFY)		PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO PFD WORN WAS <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE PFD USED – BUT NOT WORN <input type="checkbox"/> YES TYPE _____ <input type="checkbox"/> NO PFD WAS NOT WORN AND NOT USED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DISAPPEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		USCG PFD APPROVAL NUMBER 160. _____		
DECEASED STATUS <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		PHYSICAL CONDITION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL <input type="checkbox"/> ILL <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL / DRUGS <input type="checkbox"/> OTHER (SPECIFY)		VICTIM SWIMMING ABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
VICTIM 2 LAST NAME		FIRST		MIDDLE INITIAL
VICTIM 2 STREET ADDRESS				
CITY		STATE		ZIP
WITH WHICH VESSEL IS THIS VICTIM ASSOCIATED?		AGE OF VICTIM		DATE OF BIRTH
ALCOHOL USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO BAC _____		DRUG USE APPARENT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____		
CAUSE OF DEATH <input type="checkbox"/> CARBON MONOXIDE POISONING <input type="checkbox"/> DROWNING <input type="checkbox"/> HYPOTHERMIA <input type="checkbox"/> TRAUMA <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> OTHER (SPECIFY)		VICTIM ACTIVITY <input type="checkbox"/> FISHING <input type="checkbox"/> HUNTING <input type="checkbox"/> SCUBA DIVING / SNORKELING <input type="checkbox"/> SWIMMING <input type="checkbox"/> TUBING <input type="checkbox"/> WATER SKIING <input type="checkbox"/> OTHER (SPECIFY)		PFD WORN <input type="checkbox"/> YES <input type="checkbox"/> NO PFD WORN WAS <input type="checkbox"/> INHERENTLY BUOYANT <input type="checkbox"/> INFLATABLE PFD USED – BUT NOT WORN <input type="checkbox"/> YES TYPE _____ <input type="checkbox"/> NO PFD WAS NOT WORN AND NOT USED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
DISAPPEARANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		USCG PFD APPROVAL NUMBER 160. _____		
DECEASED STATUS <input type="checkbox"/> OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> SWIMMER <input type="checkbox"/> WATER SKIER <input type="checkbox"/> OTHER (SPECIFY)		PHYSICAL CONDITION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NORMAL <input type="checkbox"/> ILL <input type="checkbox"/> HANDICAPPED <input type="checkbox"/> UNDER INFLUENCE OF ALCOHOL / DRUGS <input type="checkbox"/> OTHER (SPECIFY)		VICTIM SWIMMING ABILITY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN