



River Outfitter
Licensing Program

STATE OF COLORADO RIVER OUTFITTER BOAT ACCIDENT REPORT RIVER GUIDE

A River Outfitter is required by law to file a completed report whenever a boating accident results in loss of life, a disappearance from a vessel or an injury which requires a physician's attention. Reports of death, disappearance, or injury indicating the possibility of death, must be submitted within 5 days — all others must be reported within 10 days. Reports for accidents on all rivers except the Arkansas must be submitted to Colorado Parks & Wildlife, 13787 S. Highway 85, Littleton, CO 80125. Reports for accidents occurring on the Arkansas River must be submitted to the AHRA, 307 W. Sackett, Salida, CO 81201.

**Complete all blocks (indicate those not applicable by "NA")
(indicate unknown information by "Unk")**

Use full legal names (last name, first name, middle initial)

RIVER OUTFITTER _____
(Company Name, no DBAs)

LICENSE NUMBER _____

0	OPERATOR / GUIDE INFORMATION
OPERATOR (guide) NAME _____	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____ DATE OF BIRTH _____
ADDRESS _____	
PHONE (work and home) _____	
EXPIRATION DATES First Aid _____ CPR _____	
EXPERIENCE AS A GUIDE <input type="checkbox"/> < 200 Miles <input type="checkbox"/> 500-1000 Miles <input type="checkbox"/> >1500 Miles <input type="checkbox"/> 200-500 Miles <input type="checkbox"/> 1000-1500 Miles	

V1	VICTIM INFORMATION
NAME _____	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____ DATE OF BIRTH _____
ADDRESS _____	
PHONE (work and home) _____	
NATURE OF INJURY _____	
MEDICAL TREATMENT _____	

TL	TRIP LEADER
TRIP LEADER NAME _____	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____ DATE OF BIRTH _____
ADDRESS _____	
PHONE (WORK AND HOME) _____	
EXPIRATION DATES First Aid _____ CPR _____	
EXPERIENCE AS A TRIP LEADER <input type="checkbox"/> < 200 Miles <input type="checkbox"/> 500-1000 Miles <input type="checkbox"/> >1500 Miles <input type="checkbox"/> 200-500 Miles <input type="checkbox"/> 1000-1500 Miles	

V2	VICTIM INFORMATION
NAME _____	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE _____ DATE OF BIRTH _____
ADDRESS _____	
PHONE (work and home) _____	
NATURE OF INJURY _____	
MEDICAL TREATMENT _____	

**If this accident resulted in a death or disappearance,
what law enforcement agency did you immediately notify?**

**If there are more than two victims,
list the others on the Additional Witness page.**

Accident Data	DATE OF ACCIDENT _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF BODY OF WATER _____
	NEAREST CITY OR TOWN _____ COUNTY _____	EXACT LOCATION OF ACCIDENT _____
	WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Snow	CLASS OF WATER <input type="checkbox"/> I One <input type="checkbox"/> II Two <input type="checkbox"/> III Three <input type="checkbox"/> IV Four <input type="checkbox"/> V Five <input type="checkbox"/> VI Six

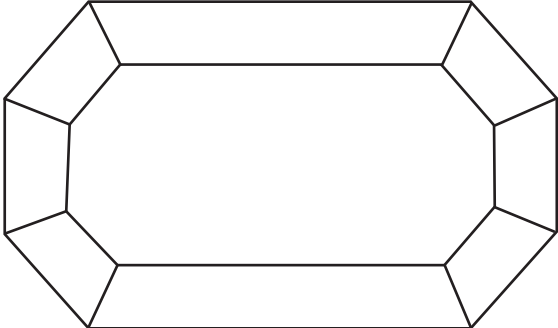
Vessel Data	BOAT MAKE _____	BOAT MODEL _____	LENGTH _____
	HULL IDENTIFICATION NUMBER _____	YEAR _____	NUMBER OF PEOPLE ON BOARD _____
	TYPE OF BOAT <input type="checkbox"/> Inflatable raft <input type="checkbox"/> Kayak (hard shell) <input type="checkbox"/> Dory <input type="checkbox"/> Canoe <input type="checkbox"/> Conventional <input type="checkbox"/> Self-bailer <input type="checkbox"/> Other _____	PROPULSION <input type="checkbox"/> Paddles <input type="checkbox"/> Paddle Assist <input type="checkbox"/> Oars <input type="checkbox"/> Motor	HULL MATERIAL <input type="checkbox"/> Rubber (PVC, Hypelon, Neoprene) <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other _____ <input type="checkbox"/> Hard Plastic

PFDs	Was boat adequately equipped with PFDs? <input type="checkbox"/> Yes <input type="checkbox"/> No Good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Properly fastened? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TYPE OF DEVICES WORN <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> None

TYPE OF SPARE ON TRIP
 I II III IV V None

W1 OTHER PASSENGER OR WITNESS		W2 OTHER PASSENGER OR WITNESS	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W3 OTHER PASSENGER OR WITNESS		W4 OTHER PASSENGER OR WITNESS	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	

IF THERE WERE MORE THAN FOUR PASSENGERS OR WITNESSES, CONTINUE ON THE FOLLOWING PAGE (ADDITIONAL WITNESSES PAGE) OR ON THE OPTIONAL ADDITIONAL INFORMATION SHEET.



F
R
O
N
T

Please identify the witness/passenger locations as they were seated at time of accident. Write O, W1, W2, W3, etc. on the diagram as their seating positions relates to their personal information.

Please identify witnesses who were not on the accident boat, on the **Additional Witnesses Page** and indicate their location at the time of the accident.

ACCIDENT DESCRIPTION (sequence of events, rescue procedures, first aid rendered, etc.) Attach diagram or additional sheets if necessary

W5	OTHER PASSENGER OR WITNESS	W6	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W7	OTHER PASSENGER OR WITNESS	W8	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W9	OTHER PASSENGER OR WITNESS	W10	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W11	OTHER PASSENGER OR WITNESS	W12	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W13	OTHER PASSENGER OR WITNESS	W14	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W15	OTHER PASSENGER OR WITNESS	W16	OTHER PASSENGER OR WITNESS
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	

ADDITIONAL NARRATIVE/DIAGRAM

Large empty box for additional narrative or diagram.

PERSON COMPLETING REPORT

NAME		DATE OF BIRTH	
ADDRESS			
PHONE (work and home)			
<input type="checkbox"/> Vessel Owner <input type="checkbox"/> Operator (guide) <input type="checkbox"/> Other Trip Leader <input type="checkbox"/> Outfitter	<input type="checkbox"/> I AFFIRM THIS INFORMATION IS TRUE AND CORRECT		
SIGNATURE		DATE	

FOR REVIEWING AUTHORITY ONLY

PRIMARY CAUSE		SECONDARY CAUSE			
TYPE OF ACCIDENT	CAUSES BASED ON	<input type="checkbox"/> THIS REPORT	<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> REPORT AND INVESTIGATION	<input type="checkbox"/> COULDN'T BE DETERMINED
RECEIVED BY		DATE RECEIVED			

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Use full legal names, last name, first name, middle

RIVER OUTFITTER _____
(Company Name, no DBAs)

LICENSE NUMBER _____
DATE OF ACCIDENT _____

V3	VICTIM INFORMATION	V4	VICTIM INFORMATION
NAME		NAME	
SEX AGE DATE OF BIRTH <input type="checkbox"/> M <input type="checkbox"/> F		SEX AGE DATE OF BIRTH <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
NATURE OF INJURY		NATURE OF INJURY	
MEDICAL TREATMENT		MEDICAL TREATMENT	
V5	VICTIM INFORMATION	V6	VICTIM INFORMATION
NAME		NAME	
SEX AGE DATE OF BIRTH <input type="checkbox"/> M <input type="checkbox"/> F		SEX AGE DATE OF BIRTH <input type="checkbox"/> M <input type="checkbox"/> F	
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
NATURE OF INJURY		NATURE OF INJURY	
MEDICAL TREATMENT		MEDICAL TREATMENT	

W17	OTHER PASSENGER OR WITNESS	W18	OTHER PASSENGER OR WITNESS
NAME DATE OF BIRTH		NAME DATE OF BIRTH	
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
W19	OTHER PASSENGER OR WITNESS	W20	OTHER PASSENGER OR WITNESS
NAME DATE OF BIRTH		NAME DATE OF BIRTH	
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	

**COMPLETE AS MANY OF THESE SHEETS AS NEEDED FOR ADDITIONAL VICTIMS AND PASSENGER/WITNESSES.
ATTACH TO BOATING ACCIDENT REPORT FORM.**