



River Outfitter Licensing Program

**STATE OF COLORADO RIVER OUTFITTER BOAT INCIDENT REPORT RIVER GUIDE**

A River Outfitter is required by law to file a completed report whenever a boating incident 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 incidents on all rivers except the Arkansas must be submitted to Colorado Parks & Wildlife, 13787 S. Highway 85, Littleton, CO 80125. Reports for incidents occurring on the Arkansas River must be submitted to the AHRA, 307 W. Sackett Ave. 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 _____	

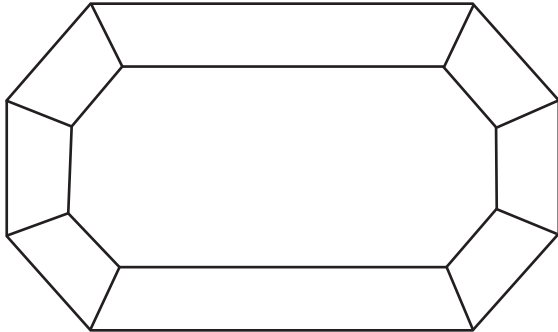
If this incident resulted in a death or disappearance, what law enforcement agency did you immediately notify?

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

<b>Incident Data</b>	DATE OF INCIDENT _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	NAME OF BODY OF WATER _____
	NEAREST CITY OR TOWN _____ COUNTY _____	EXACT LOCATION OF INCIDENT _____
	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
<b>Vessel Data</b>	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"/> Conventional <input type="checkbox"/> Paddles <input type="checkbox"/> Paddle Assist <input type="checkbox"/> Dory <input type="checkbox"/> Self-bailer <input type="checkbox"/> Oars <input type="checkbox"/> Motor <input type="checkbox"/> Canoe <input type="checkbox"/> Other _____	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		
<b>PFDs</b>	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 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> None	

<b>W1 OTHER PASSENGER OR WITNESS</b>		<b>W2 OTHER PASSENGER OR WITNESS</b>	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
<b>W3 OTHER PASSENGER OR WITNESS</b>		<b>W4 OTHER PASSENGER OR WITNESS</b>	
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  
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Please identify the witness/passenger locations as they were seated at time of incident. 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 incident boat, on the **Additional Witnesses Page** and indicate their location at the time of the incident.

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

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

## ADDITIONAL NARRATIVE/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 INCIDENT			
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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Complete all blocks (indicate those not applicable by "NA")  
Use full legal names, last name, first name, middle

RIVER OUTFITTER \_\_\_\_\_  
(Company Name, no DBAs)

LICENSE NUMBER \_\_\_\_\_  
DATE OF INCIDENT \_\_\_\_\_

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

<b>W17 OTHER PASSENGER OR WITNESS</b>		<b>W18 OTHER PASSENGER OR WITNESS</b>	
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
ADDRESS		ADDRESS	
PHONE (work and home)		PHONE (work and home)	
LOCATION		LOCATION	
<b>W19 OTHER PASSENGER OR WITNESS</b>		<b>W20 OTHER PASSENGER OR WITNESS</b>	
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 INCIDENT REPORT FORM.**