

# BOATING ACCIDENT REPORT

The operator/owner of a recreational vessel is required to report in writing whenever an accident results in the loss of life, disappearance from the vessel, injury requiring treatment beyond first aid, or property damage in excess in \$500 or the complete loss of a vessel. Cases of death or injury must be reported to local police immediately and to OPRHP within 48 hours. All other accidents must be reported within 5 days of the occurrence. Reports can be mailed to OPRHP, Empire State Plaza, Agency Building 1, Albany, NY 12238. Phone 518/474-0445



A C C I D E N T  D A T A	Date of Accident		Time	am pm	Waterway		Nearest City/Town			
	# of Vessels		Location			County		State		
	Weather		Water Conditions		Temperatures (estimate)		Wind		Visibility	
	<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Haze		<input type="checkbox"/> Calm (waves < 6") <input type="checkbox"/> Choppy (6" - 2') <input type="checkbox"/> Rough (2' - 6') <input type="checkbox"/> Very Rough (waves > 6") <input type="checkbox"/> Strong Current		Air _____ f Water _____ f		<input type="checkbox"/> None <input type="checkbox"/> Light (0-6mph) <input type="checkbox"/> Moderate (7-14) <input type="checkbox"/> Strong (15-25) <input type="checkbox"/> Storm (over 25 mph)		Day    Night <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>	
	Operator Name				Male Female	Operator Phone Number		Age	Date of Birth	
	Operator Address				Formal Instruction		Operator's Experience			
					<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State Course <input type="checkbox"/> Am.. Red Cross <input type="checkbox"/> U.S. Power Squadron		<input type="checkbox"/> None <input type="checkbox"/> Under 100 Hours <input type="checkbox"/> 100 Hours or More			
Owner Name				Owner Address						
Owner Phone Number				# of People on Board		# of People Being Towed		Rented Boat?		
[    ]								[    ] Yes    [    ] No		
V E S S E L  #1	Registration/Document #			State	Hull Identification Number			Vessel Name		
	Manufacturer			Model		Length		Year Built		
	Type of Boat		Hull Material		Engine		Propulsion		Personal Flotation Devices	
	<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Houseboat <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Rigid Hull Inflatable <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Sterndrive <input type="checkbox"/> Airboat		<input type="checkbox"/> Propeller <input type="checkbox"/> Water Jet <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Sail		Was the boat adequately equipped with USCG APPROVED PFD's? <input type="checkbox"/> Yes <input type="checkbox"/> No Were the PFD's Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Fuel		# of Engines		Fire Extinguishers	
					<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Electric		Horsepower		On Board? <input type="checkbox"/> Yes <input type="checkbox"/> No Used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operation (check all applicable)			Activity (check all applicable)		Type of Accident			Causes (check all applicable)		
<input type="checkbox"/> Cruising <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Drifting <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Launching <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Fishing <input type="checkbox"/> Tournament <input type="checkbox"/> Hunting <input type="checkbox"/> Swimming/Diving <input type="checkbox"/> Making Repairs <input type="checkbox"/> Waterskiing/Tubing/Etc. <input type="checkbox"/> Racing <input type="checkbox"/> Whitewater Sports <input type="checkbox"/> Fueling <input type="checkbox"/> Starting Engine <input type="checkbox"/> Non-recreational <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding/Swamping <input type="checkbox"/> Sinking <input type="checkbox"/> Fire/Explosion (fuel) <input type="checkbox"/> Fire/Explosion (other) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Collision w/Vessel <input type="checkbox"/> Collision w/Fixed Object <input type="checkbox"/> Collision w/Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Struck by Propeller <input type="checkbox"/> Struck Submerged Object <input type="checkbox"/> Other (specify)			<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Drug Use <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Hull Failure <input type="checkbox"/> Improper Loading <input type="checkbox"/> Machinery Failure <input type="checkbox"/> No Skier Lookout <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Overloading <input type="checkbox"/> Passenger/Skier Behavior <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Reckless Operation <input type="checkbox"/> Submerged Object <input type="checkbox"/> Weather <input type="checkbox"/> Other (specify)		
Estimated Speed			[    ] Not Moving    [    ] Under 10 mph    [    ] 10-20 mph							
			[    ] 21 - 40 mph    [    ] Over 40 mph							
<b>LEGAL STATEMENT:</b> The Office of parks, Recreation & Historic Preservation is authorized to collect this information by Chapter 140 of the Laws of 1970 and Section 47 of the Navigation Law. It will be used for statistical purposes and will be forwarded to the US Coast Guard pursuant to federal regulations. Failure to provide the requested information may subject you to legal sanction. This information will be maintained by the Director of Marine & Recreational Vehicles, OPRHP, Agency Bldg. #1, Empire State Plaza, Albany, NY 12238, 518/474-0445. This information may be disclosed pursuant to the Freedom of Information Law.										
Hit & Run? <input type="checkbox"/> YES <input type="checkbox"/> NO										

Case Number: \_\_\_\_\_

DECEASED

Name of Victim		[ ] Male [ ] Female	Name of Victim		[ ] Male [ ] Female
Address of Victim			Address of Victim		
Date of Birth / /	Cause of Death [ ] Drowning [ ] Other [ ] Disappearance	Was PFD Worn? [ ] Yes [ ] No	Date of Birth / /	Cause of Death [ ] Drowning [ ] Other [ ] Disappearance	Was PFD Worn? [ ] Yes [ ] No

INJURIES

Name of Victim		Date of Birth / /	Name of Victim		Date of Birth / /
Address of Victim			Address of Victim		
Medical treatment Beyond First Aid? Admitted to Hospital? Describe Injury	[ ] Yes [ ] No [ ] Yes [ ] No	[ ] No [ ] No	Medical treatment Beyond First Aid? Admitted to Hospital? Describe Injury	[ ] Yes [ ] No [ ] Yes [ ] No	[ ] No [ ] No
Was a PFD Worn? Prior to the Accident? As a Result of the Accident? Was the PFD Inflatable?	[ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No	[ ] No [ ] No [ ] No [ ] No	Was a PFD Worn? Prior to the Accident? As a Result of the Accident? Was the PFD Inflatable?	[ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No [ ] Yes [ ] No	[ ] No [ ] No [ ] No [ ] No


Property Damage This Boat \$ _____ Estimated Amount: Other Boat(s) \$ _____ Other Property \$ _____	Describe Property Damaged
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OTHER VESSEL

Name of Operator		Operator Address			
Operator Phone #	Registration/Document #	State	Owner Phone #		
Owner		Owner Address			

ACCIDENT DESCRIPTION

Sequence of events. Continue on additional sheets if necessary. Include any information regarding the involvement of drugs or alcohol in causing or contributing to the accident. Please include any descriptive information regarding the use of PFD's.

	Diagram
	

WITNESSES

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

Name & Address of Person Completing Report	Phone #
Signature	[ ] Operator [ ] Investigator [ ] Owner [ ] Other
	Date Submitted

<b>OPRHP USE ONLY</b>	Primary Cause	[ ] This report [ ] Both	<b>Date Reviewed</b>
		[ ] Investigation [ ] Undetermined	