



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, injury requiring treatment beyond first aid, or property damage in excess of \$1000. Cases of death or injury shall be reported to the police immediately and to OPRHP within 48 hours. All other reports must be submitted within 5 days. Mail to OPRHP, Empire State Plaza, Bldg. 1, Albany, NY 12238 or fax to 518-408-1030.

A C C I D E N T D A T A	Date of Accident	Time	Waterway	Fatality <input type="checkbox"/>	Injury <input type="checkbox"/>	\$1000+ Damage <input type="checkbox"/>	Disappearance <input type="checkbox"/>
	County	City/Town/Village	Location or Lat/Long			# Vessels	
	Weather	Water Conditions	Temperatures (est.)	Wind	Visibility		Was a weather report consulted before boating? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>
	[] Clear [] Rain	[] Calm (waves < 6")	Air f	[] None	Day	Night	
	[] Cloudy [] Snow	[] Choppy (6"-2')	Water f	[] Light (0-12mph)	[] GOOD []	[]	
	[] Fog [] Haze	[] Rough (2'-6')		[] Moderate (12-25)	[] FAIR []		
		[] Very Rough (Over 6')		[] Strong (25-55)	[] POOR []		
		[] Fast / White Water		[] Storm (55 mph +)			
	Operator Name	Operator Phone		Date of Birth		Age	
	Operator Address			Formal Instruction		Operator's Experience	
			[] None [] USCG Aux.		[] 0 - 10 Hours		
			[] State Course [] Internet Course		[] 10 - 100 Hours		
			[] US Power Squadron		[] 100 - 500 Hours		
Owner Name			Owner Address				[] Over 500 Hours
							[] None
Owner Phone Number	# of People on Board	# Being Towed	Rented Boat?	Vessel Safety Check?	[] USCG Auxiliary		
			[] Yes [] No	[] US Power Squadron	[] Law Enforcement		
Registration/Document #	Hull Identification Number		Vessel Name		State		
Manufacturer		Model		Length	Year Built		
Type of Boat	Hull Material	Engine	Propulsion	Personal Flotation Devices			
[] Open Motorboat	[] Wood	[] Outboard	[] Propeller	Was the boat adequately equipped with USCG APPROVED PFD's?			
[] Cabin Motorboat	[] Aluminum	[] Inboard	[] Water Jet	[] Yes [] No			
[] Auxiliary Sail	[] Steel	[] Sterndrive (I/O)	[] Air Thrust	Were the PFD's Accessible?			
[] Sail (only)	[] Fiberglass	[] Other	[] Manual	[] Yes [] No			
[] Rowboat	[] Rubber/Vinyl/Canvas		[] Sail	[] Yes [] No			
[] Canoe/Kayak	[] Rigid Hull Inflatable	Fuel	# of Engines/Make	Fire Extinguishers			
[] Personal Watercraft	[] Other (specify)	[] Gasoline		On Board? [] Yes			
[] Pontoon Boat		[] Diesel		[] No			
[] Houseboat		[] Electric	Horsepower	Used? [] Yes			
[] Other (specify)		[] Other		[] No			
V E S S E L 1	Operation	Activity	Type of Accident		Causes (check all)		Machinery / Equip. Failure
	[] At Anchor	[] Fishing	[] Capsizing		[] Alcohol Use		[] Engine
	[] Being Towed	[] Hunting	[] CO Exposure		[] Drug Use		[] Electrical System
	[] Changing Direction	[] Swimming/Diving	[] Collision with Fixed Object		[] Dam/Lock		[] Fuel System
	[] Changing Speed	[] Making Repairs	[] Collision with Floating Object		[] Excessive Speed		[] Ventilation System
	[] Cruising	[] Waterskiing	[] Collision with Submerged Object		[] Failure to Vent		[] Sail / Mast
	[] Docking/Undocking	[] Tubing	[] Collision with Vessel		[] Force of wake / wave		[] Electronics (GPS, radar)
	[] Drifting	[] Racing	[] Falls in Boat		[] Ignition of fuel/vapor		[] Onboard Nav. Lights
	[] Launching	[] Whitewater Sports	[] Falls Overboard		[] Improper Lookout		[] Seats
	[] Rowing/Paddling	[] Fueling	[] Fire/Explosion (fuel)		[] Hazardous Waters		[] Steering
[] Sailing	[] Starting Engine	[] Fire/Explosion (other)		[] Hull Failure		[] Throttle	
[] Tied to Dock/Moored	[] Non-recreational	[] Flooding / Swamping		[] Improper Anchoring		[] Shift	
[] Towing	[] Other (specify)	[] Grounding		[] Improper Loading		[] Aux Equipment	
[] Other (specify)		[] Person Struck by Boat		[] Nav. Aid Problem		[] Radio	
		[] Person Struck by Propeller		[] Nav. Rules Violation		[] Fire Extinguisher	
Estimated Speed [] 10-20 mph	Hit & Run?	[] Sinking		[] Not in Seat		[] Sound Equipment	
[] Not moving [] 21-40 mph	Yes No	[] Skier / Tuber Mishap		[] Operator Inexperience		[] Other (specify)	
[] Under 10 mph [] Over40 mph	[] []	[] Other (specify)		[] Operator Inattention			
LEGAL STATEMENT: 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.				[] Overloading			
				[] Pass./Skier Behavior		[] Starting in Gear	
				[] Restricted Vision		[] Submerged Object	
				[] Reckless Operation		[] Weather	
				[] Sharp Turn		[] Other (specify)	

D E C E A S E D	Name of Victim 1		<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Victim 2		<input type="checkbox"/> Male <input type="checkbox"/> Female
	Address of Victim			Address of Victim		
	Date of Birth	Cause of Death	<input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	Was a PFD Worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Birth	Cause of Death
I N J U R I E S	Name of Victim 1		Date of Birth	Name of Victim 2		Date of Birth
	Address of Victim			Address of Victim		
	Medical Treatment Beyond First Aid		<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Treatment Beyond First Aid?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Admitted to Hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted to Hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe Injury _____			Describe Injury _____		
	Was a PFD Worn?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a PFD Worn?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Prior to the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior to the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No
As a result of the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	As a result of the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the PFD Inflatable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the PFD Inflatable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Damage This Boat \$ _____			Describe Property Damaged			
Estimated Amount Other Boat(s) \$ _____						
Other Property \$ _____						
V E S S E L 2	Name of Operator		Operator Address			
	Operator Phone #	Registration/Document #	State	Owner Phone #		
	Owner		Owner Address			
D E S C R I P T I O N	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 N ↑		
W I T N E S S E S	Name		Address		Phone #	
	Name		Address		Phone #	
	Name		Address		Phone #	
	Name and Address of Person Completing Report					Phone #
Signature				<input type="checkbox"/> Operator <input type="checkbox"/> Investigator <input type="checkbox"/> Owner <input type="checkbox"/> Other		Date Submitted
OPRHP USE ONLY	Primary Cause			<input type="checkbox"/> This Report <input type="checkbox"/> Other <input type="checkbox"/> Investigation <input type="checkbox"/> Undetermined		Date Reviewed