

**BOATING ACCIDENT INVESTIGATION INSTRUCTIONS  
FOR PRINTING/PICTURE INSERTS  
FWCDLE-146**

**VERY IMPORTANT:** TO **“PRINT WITHOUT COMMENTS”** SIMPLY CLICK ON **“FILE”** SCROLL DOWN TO **“PRINT”** A NEW MENU WILL APPEAR. IN THE BOTTOM LEFT HAND CORNER OF THAT MENU YOU WILL SEE THE WORDS **“PRINT WHAT”** SELECT **“DOCUMENT”** THEN CLICK **“OK”** OR **“PRINT”**. ALSO, TO **“PRINT WITHOUT INSTRUCTION”** ON THAT SAME MENU WHERE IT SAYS **“PAGES”** PUT **“WHAT PAGE(S) YOU WANT TO PRINT”**. TO **“INSERT PICTURES”** YOU MUST **“UNPROTECT”** DOCUMENT THEN INSERT THE PICTURES.

The text box(es) will **not** expand when you exceed the space provide. The document must be unprotected in order to insert a picture/spell check. To unprotect the document:

- a. If there is a button on your toolbar that looks like a padlock, you must depress it (click on it) and then cut and paste the picture/spell check into the box.
- b. If there is not a button on your toolbar like that, you must:
  - i. Click “view” on the toolbar.
  - ii. Select toolbars on the menu that drops down.
  - iii. Select “forms” on the next menu that drops down.
  - iv. Now the forms toolbar with the padlock will show up. Depress the padlock and cut and paste your picture/spell check



# FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

## DIVISION OF LAW ENFORCEMENT



### FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

FORWARD COPY TO: FWC Boating Safety  
620 South Meridian Street  
Tallahassee, FL 32399-1600  
QUESTIONS CALL: (850) 488-5600

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

REPORTING AGENCY:  FWC  Police  Sheriff  
 FPP  Other

Total Number: \_\_\_\_\_ Estimated total property damage \$2000 or more \$  
Fatalities Injury Beyond First Aid Missing Persons

<b>General and Geographic Information:</b>		Total Vessels/Swimmers: _____		County: _____				
Date of Accident: _____		Time of Accident (mil): _____		Date LEO Arrived: _____				
Nearest City: _____		Body of Water: _____		<input type="checkbox"/> State Waters <input type="checkbox"/> Offshore <input type="checkbox"/> ICW <input type="checkbox"/> Nearest Marker: _____				
Exact Location: _____								
Accident Site: <input type="checkbox"/> Bay/Sound <input type="checkbox"/> Inlet/Pass <input type="checkbox"/> Ocean/Gulf <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Marsh/Swamp <input type="checkbox"/> River/Creek <input type="checkbox"/> Port/Harbor <input type="checkbox"/> Canal/Cut								
<b>Restricted Area:</b> <input type="checkbox"/> Idle Speed <input type="checkbox"/> Manatee Idle Speed <input type="checkbox"/> Swimming <input type="checkbox"/> Slow Speed <input type="checkbox"/> Manatee Slow Speed <input type="checkbox"/> Permit Code: _____ <input type="checkbox"/> MPH Limit <input type="checkbox"/> Other _____			<b>Latitude/Longitude (decimal minutes)</b>					
<b>Weather:</b> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Thunderstorm (Check all that Apply)		<b>Visibility:</b> <input type="checkbox"/> Good <input type="checkbox"/> Dawn <input type="checkbox"/> Fair <input type="checkbox"/> Day <input type="checkbox"/> Poor <input type="checkbox"/> Dusk <input type="checkbox"/> Night		<b>Water Conditions:</b> <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (larger than 6')				
<b>Wind:</b> <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)		<b>Temperature:</b> Air _____ ° F Water _____ ° F <b>Strong Current</b> <input type="checkbox"/> River Current <input type="checkbox"/> Tidal Current						
<b>Accident Type:</b> (You may enter a primary, secondary and tertiary accident type for each vessel/swimmer by placing a 1, 2, or 3 in the appropriate box) (Use boating accident continuation sheet for additional vessels)								
V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
_____	_____	Capsizing	_____	_____	Fire/Explosion (Fuel)	_____	_____	Starting Engine
_____	_____	Collision w/Fixed Object	_____	_____	Fire/Explosion (Non-Fuel)	_____	_____	Person Struck by Boat
_____	_____	Col. w/Floating Object/Person	_____	_____	Flooding (Swamping)	_____	_____	Person Struck by Skeg/Prop
_____	_____	Collision w/Vessel	_____	_____	Grounding	_____	_____	Struck Underwater Object
_____	_____	Fall in Boat	_____	_____	Sinking	_____	_____	Vessel Wake Damage
_____	_____	Falls Overboard	_____	_____	Skier Hit Object	_____	_____	Other: _____
_____	_____	Fall on PWC	_____	_____	Skier Mishap/Fall	_____	_____	
<b>What Contributed to the Accident:</b> (You may enter up to three (3) contributing causes for each Vessel)								
V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	Ignition of Fuel Vapor	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Careless/Reckless	<input type="checkbox"/>	<input type="checkbox"/>	Improper Anchoring	<input type="checkbox"/>	<input type="checkbox"/>	Overloading
<input type="checkbox"/>	<input type="checkbox"/>	Congested Waters	<input type="checkbox"/>	<input type="checkbox"/>	Improper Loading	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Turn
<input type="checkbox"/>	<input type="checkbox"/>	Dam or Lock	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Proper Lights	<input type="checkbox"/>	<input type="checkbox"/>	Skier or Occ. Behavior
<input type="checkbox"/>	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Vessel Flotation	<input type="checkbox"/>	<input type="checkbox"/>	Standing/Sitting on Gunwale, Bow or Transom
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Navigation Rule
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Speed	<input type="checkbox"/>	<input type="checkbox"/>	No Proper Look-Out	<input type="checkbox"/>	<input type="checkbox"/>	Vision Obstructed
<input type="checkbox"/>	<input type="checkbox"/>	Failure to Vent Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Off Throttle Steering - Jet	<input type="checkbox"/>	<input type="checkbox"/>	Weather
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Water	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inattention			
<input type="checkbox"/>	<input type="checkbox"/>	Hull Failure	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inexperience			
<b>Machinery Failure:</b> (Indicate every system that failed for each vessel)			<b>Equipment Failure:</b> (Indicate the equipment that failed)					
V-1	V-2	Vessel	V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	Steering System	<input type="checkbox"/>	<input type="checkbox"/>	Sail Demasting
<input type="checkbox"/>	<input type="checkbox"/>	Engine Failure	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Failure	<input type="checkbox"/>	<input type="checkbox"/>	Seat Broke Loose
<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation System	<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing
<input type="checkbox"/>	<input type="checkbox"/>	Shift Failure	<input type="checkbox"/>	<input type="checkbox"/>	Starting Eng. In Gear	<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress
<input type="checkbox"/>	<input type="checkbox"/>	Feedback Steering				<input type="checkbox"/>	<input type="checkbox"/>	

**FLORIDA BOATING ACCIDENT INVESTIGATION REPORT**

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

<b>Type of Boat:</b> <table style="width:100%; border:none;"> <tr> <td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:15%;"><b>Vessel</b></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:15%;"><b>Vessel</b></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Airboat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Personal Watercraft</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cabin Motorboat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pontoon Boat</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Canoe/Kayak</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Rowboat (Jon)</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Houseboat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sail-Aux. Power</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Mini Jet Boat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sail(Only)</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Open Motorboat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Seaplane</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other: _____</td><td></td><td></td><td></td></tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	Airboat	<input type="checkbox"/>	<input type="checkbox"/>	Personal Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	Cabin Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Pontoon Boat	<input type="checkbox"/>	<input type="checkbox"/>	Canoe/Kayak	<input type="checkbox"/>	<input type="checkbox"/>	Rowboat (Jon)	<input type="checkbox"/>	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>	<input type="checkbox"/>	Sail-Aux. 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<b>Operation at Time of Accident:</b> (Enter up to 3 for each Vessel)						<table style="width:100%; border:none;"> <tr> <td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:15%;"><b>Vessel</b></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:15%;"><b>Vessel</b></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>At Anchor</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cruising</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Being Towed</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Docking/Undocking</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Changing Direction</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Drifting</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Changing Speed</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Launching/Loading</td></tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	At Anchor	<input type="checkbox"/>	<input type="checkbox"/>	Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Being Towed	<input type="checkbox"/>	<input type="checkbox"/>	Docking/Undocking	<input type="checkbox"/>	<input type="checkbox"/>	Changing Direction	<input type="checkbox"/>	<input type="checkbox"/>	Drifting	<input type="checkbox"/>	<input type="checkbox"/>	Changing Speed	<input type="checkbox"/>	<input type="checkbox"/>	Launching/Loading	<table style="width:100%; border:none;"> <tr> <td style="width:5%;"><input type="checkbox"/></td><td style="width:5%;"><input type="checkbox"/></td><td style="width:15%;"><b>Vessel</b></td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wake/Surf Jumping</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Rowing/Paddling</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Towing a Boat</td></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Docked (Moored)</td></tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	Wake/Surf Jumping	<input type="checkbox"/>	<input type="checkbox"/>	Rowing/Paddling	<input type="checkbox"/>	<input type="checkbox"/>	Towing a Boat	<input type="checkbox"/>	<input type="checkbox"/>	Docked (Moored)																																													
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<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vessel</b>																																																																																								
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VESSEL	Registration or Documentation # _____ Hull ID Number _____ Name of Vessel _____ Year _____																																																																																																		
	Length _____ Make _____ Model _____ # of POB _____ # of Fatal _____ # of Injured _____ # of Skiers Being Towed _____																																																																																																		
	<b>Estimated Speed</b> <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Less than 10 mph <input type="checkbox"/> Over 40 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> Over 40 mph																																																																																																		
	<b>OPERATOR/SWIMMER INFO:</b> Drivers License or Boater ID # _____																																																																																																		
	Last Name _____ First Name _____ MI _____ Date of Birth _____ ( ) - ( ) - _____																																																																																																		
	Street _____ Home Phone _____ ( ) - ( ) - _____																																																																																																		
	City _____ State _____ Zip Code _____ Work Phone _____																																																																																																		
	<b>Operator Experience</b> <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs <b>Operator Education</b> <input type="checkbox"/> USCG Aux <input type="checkbox"/> Other (Info) <input type="checkbox"/> State <input type="checkbox"/> USPS <input type="checkbox"/> None <input type="checkbox"/> Red Cross																																																																																																		
	<b>Total Hours In This Type Vessel:</b> <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs <b>BUI Info</b> <input type="checkbox"/> Refused <input type="checkbox"/> Arrest <input type="checkbox"/> Been Drinking <input type="checkbox"/> Drugs <b>BAC:</b> _____																																																																																																		
	Gender <input type="checkbox"/> M <input type="checkbox"/> F    PFD Used <input type="checkbox"/> Person Can Swim <input type="checkbox"/> Person Was Ejected <input type="checkbox"/>																																																																																																		
OR SWIMMER	<b>Owner Info:</b> Fill in owner's name and address. Check if also <input type="checkbox"/> operator or <input type="checkbox"/> occupant if occupant, use occupant section injury/fatal data sheet																																																																																																		
	Last Name _____ First Name _____ MI _____ Drivers License _____ State Issued _____																																																																																																		
	Street _____ Date of Birth _____ ( ) - ( ) - _____ Phone # _____																																																																																																		
	City _____ State _____ Zip Code _____ Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No    Insurance Company _____ Policy # _____																																																																																																		
	<b>NON-FATAL OR UNINJURED OCCUPANT INFO:</b> (ATTACH INJURY/FATAL DATA SHEETS FOR EACH INJURY OR FATALITY)																																																																																																		
	Oc1 Name: _____ Phone: ( ) - _____ DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F    Person Ejected: <input type="checkbox"/> PFD Used: <input type="checkbox"/> Person Can Swim: <input type="checkbox"/>																																																																																																		
	Oc2 Name: _____ Phone: ( ) - _____ DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F    Person Ejected: <input type="checkbox"/> PFD Used: <input type="checkbox"/> Person Can Swim: <input type="checkbox"/>																																																																																																		
	Oc3 Name: _____ Phone: ( ) - _____ DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F    Person Ejected: <input type="checkbox"/> PFD Used: <input type="checkbox"/> Person Can Swim: <input type="checkbox"/>																																																																																																		
	Oc4 Name: _____ Phone: ( ) - _____ DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F    Person Ejected: <input type="checkbox"/> PFD Used: <input type="checkbox"/> Person Can Swim: <input type="checkbox"/>																																																																																																		

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

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

VESSEL

OR SWIMMER

Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____		Year _____
Length _____	Make <input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph	Model <input type="checkbox"/> None <input type="checkbox"/> 21-40 mph	# of POB <input type="checkbox"/> Less than 10 mph <input type="checkbox"/> Over 40 mph	# of Fatal _____	# of Injured _____	# of Skiers Being Towed _____
<b>Estimated Speed</b>			<b>Federal Definition of Vessel:</b>			
			<input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			
<b>OPERATOR/SWIMMER INFO:</b>						<b>Status</b>
Drivers License or Boater ID # _____			State Issued _____		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	
Last Name _____		First Name _____		MI _____	Date of Birth _____	
Street _____					Home Phone _____	
City _____					State _____ Zip Code _____	
					Work Phone _____	
						<b>Estimated Damage:</b> \$ _____

<b>Operator Experience</b>		<b>Operator Education</b>			<b>BUI Info</b>		BAC: _____	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/> Under 10 Hrs	<input type="checkbox"/> 10-100 Hrs	<input type="checkbox"/> USCG Aux	<input type="checkbox"/> Other (Info)	<input type="checkbox"/> State	<input type="checkbox"/> Refused	<input type="checkbox"/> Arrest		PFD Used	<input type="checkbox"/>
<input type="checkbox"/> Over 100 Hrs		<input type="checkbox"/> USPS	<input type="checkbox"/> None	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Been Drinking	<input type="checkbox"/> Drugs		Person Can Swim	<input type="checkbox"/>
<b>Total Hours In This Type Vessel:</b>		<input type="checkbox"/> Under 10 Hrs		<input type="checkbox"/> 10-100 Hrs	<input type="checkbox"/> Over 100 Hrs			Person Was Ejected	<input type="checkbox"/>

**Owner Info:** Fill in owner's name and address. Check if also  operator or  occupant if occupant, use occupant section injury/fatal data sheet

Last Name _____		First Name _____		MI _____	Drivers License _____		State Issued _____	
Street _____					Date of Birth _____		Phone # _____	
City _____		State _____		Zip Code _____	Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Company _____		Policy # _____

**NON-FATAL OR UNINJURED OCCUPANT INFO:** (ATTACH INJURY/FATAL DATA SHEETS FOR EACH INJURY OR FATALITY)

Oc1 Name: _____	Phone: ( ) - _____	DOB: _____	Gender		Person Ejected	PFD Used	Person Can Swim
			M	F			
Oc2 Name: _____	Phone: ( ) - _____	DOB: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oc3 Name: _____	Phone: ( ) - _____	DOB: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oc4 Name: _____	Phone: ( ) - _____	DOB: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Brief Synopsis of Accident:** (Attach offense incident narrative sheets for more detailed description) Synopsis for USCG database use.

**Accident Descriptors:** (Check all that apply)

- Boat Found Capsized
- Boat Found Upright Drifting
- Boat Struck by Lightning
- Carbon Monoxide Involved
- Commercial Vessel
- Hit and Run (left scene)
- Parasailing Accident
- Runaway Boat
- Victim Entangled in Line
- Other: \_\_\_\_\_

**Non-Vessel Property Damage:** Damage excluding the vessels involved or their contents  Yes  No If yes, the estimated amount: \$ \_\_\_\_\_

Describe damages property: \_\_\_\_\_

**Property Owner Information**

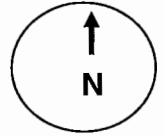
Last: _____	First: _____	MI: _____
Street: _____		
City _____ State _____ Zip Code _____		
Phone # _____		

**DIAGRAM OF ACCIDENT**

If applicable, diagram exactly what happened. Show the direction of boats involved before, during and after accident.

**DIAGRAM NOT TO SCALE**

Indicate North with an Arrow



**Violations:** Vessel Priority: Vessel # \_\_\_\_\_ Stand on Vessel # \_\_\_\_\_ Give Way \_\_\_\_\_ N/A

Vessel #	Violator's Name (Just check box if operator)	Statute #	Violation	Type	UBC/Warning #
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	
	<input type="checkbox"/> Operator			<input type="checkbox"/> Citation <input type="checkbox"/> No action <input type="checkbox"/> Warning <input type="checkbox"/> Pending	

**Officer Completing Report:**

Agency Name \_\_\_\_\_ District/Region \_\_\_\_\_ Officer's Signature \_\_\_\_\_  
 Street \_\_\_\_\_ Phone # \_\_\_\_\_ Print Officer Name \_\_\_\_\_ ID # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ORI Number \_\_\_\_\_ Date Completed \_\_\_\_\_  
 Field Supervisor/Reviewer Signature \_\_\_\_\_ Print Supervisor/Reviewer Name \_\_\_\_\_ ID # \_\_\_\_\_

**Investigative Time:** (Include total hours for response, search & rescue & investigation for officer completing report & officers assisting)

Boat Hrs. \_\_\_\_\_ Land Hrs. \_\_\_\_\_ Air Hrs. \_\_\_\_\_ Admin. Hrs. \_\_\_\_\_ Total Hrs. \_\_\_\_\_ Car Miles \_\_\_\_\_ Boat Engine Hrs. \_\_\_\_\_ Aircraft Engine Hrs. \_\_\_\_\_

**DO NOT COMPLETE BELOW THIS LINE - FWC HQ BOATING SAFETY REVIEWING AUTHORITY ONLY**

**Federal Accident Classification:** (For Statistical use)  Recreational  Commercial  Government  Off-Shore  Non-Reportable  Reportable

Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed By	ID #
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VESSEL

OR SWIMMER

NUMBER

OPERATOR DATA

OPERATOR INFORMATION:

Operator information fields: Last Name, First Name, MI, Street, City, State, Zip Code, Home Phone, Work Phone, Date of Birth, Race, Sex, Drivers License, State Issued, Violations, Experience, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Swim, Location, Ejected.

VESSEL DATA

OWNER'S INFORMATION:

Owner's information fields: Check if also operator or on board, Last Name, First Name, MI, Street, City, State, Zip Code, Registration or Documentation #, Hull ID Number, Name of Vessel, Year, Length, Make, Model, Beam, Depth, Hull Type, Hull Material, Propulsion, Fuel, # of Engine, Total HP, Engine Maker, Hp Capacity, Person Capacity, Pound Capacity, Safety Exam, Total # of Persons on Board, Flame Arrester, Ventilation, Other Equipment.

Table with 5 columns: PFDs, FIRE EXTINGUISHERS, SPD, LIGHTS, VDS. Each column has sub-columns for Yes/No and specific equipment details.

OCCUPANTS

OCCUPANTS INFORMATION #1:

Occupant information #1 fields: Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, Swim, Location.

OCCUPANTS INFORMATION #2:

Occupant information #2 fields: Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, Swim, Location.

OCCUPANTS INFORMATION #3:

Occupant information #3 fields: Last Name, First Name, MI, Street, City, State, Zip Code, Date of Birth, Status, Sex, Race, Witness, Instruction, Alcohol/Drugs, Field Sobriety, BAC Test, Drugs, PFD, Ejected, Swim, Location.

VESSEL

OR SWIMMER

NUMBER

**OPERATOR DATA**

**OPERATOR INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) - ( ) - \_\_\_\_\_  
Home Phone Work Phone Date of Birth Race Sex:  Male  Female

Drivers License State Issued Violations Experience Status:  Uninjured  Injured

Instruction:  Yes  No Alcohol /Drugs:  Yes  No Field Sobriety:  Yes  No BAC Test:  Yes  No % Result Drugs:  Yes  No PFD:  Yes  No Swim:  Yes  No

Location: \_\_\_\_\_ Ejected:  Yes  No

**VESSEL DATA**

**OWNER'S INFORMATION:**

Check if also  operator or  on board

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Registration or Documentation # \_\_\_\_\_ Hull ID Number \_\_\_\_\_ Name of Vessel \_\_\_\_\_ Year \_\_\_\_\_

Length \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Beam \_\_\_\_\_ Depth \_\_\_\_\_ Hull Type \_\_\_\_\_ Hull Material \_\_\_\_\_

Propulsion \_\_\_\_\_ Fuel \_\_\_\_\_ # of Engine \_\_\_\_\_ Total HP \_\_\_\_\_ Engine Maker \_\_\_\_\_ Hp Capacity \_\_\_\_\_ Person Capacity \_\_\_\_\_

Pound Capacity Total # of Persons on Board Flame Arrester Ventilation Other Equipment  
Safety Exam: Current:  Yes  No By:  FWC  Police  Sheriff  FPP  Other

PFDs		FIRE EXTINGUISHERS			SPD			LIGHTS		VDS	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Proper Type	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Proper Type	<input type="checkbox"/>	Displayed:	<input type="checkbox"/>	Approved	<input type="checkbox"/>		
Number	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	Used	<input type="checkbox"/>	Proper Type	<input type="checkbox"/>	Type	<input type="checkbox"/>		
Accessible	<input type="checkbox"/>	Used	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>	Serviceable	<input type="checkbox"/>		
Serviceable	<input type="checkbox"/>	Type:	_____	Used	<input type="checkbox"/>			Used	<input type="checkbox"/>		

**OCCUPANTS**

**OCCUPANTS INFORMATION #1:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Status:  Uninjured  Injured Sex:  Male  Female Race \_\_\_\_\_ Witness:  Yes  No Instruction:  Yes  No

Alcohol/ Drugs:  Yes  No Field Sobriety:  Yes  No BAC Test:  Yes  No % Result Drugs:  Yes  No PFD:  Yes  No Ejected:  Yes  No Swim:  Yes  No

Location: \_\_\_\_\_

**OCCUPANTS INFORMATION #2:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Status:  Uninjured  Injured Sex:  Male  Female Race \_\_\_\_\_ Witness:  Yes  No Instruction:  Yes  No

Alcohol/ Drugs:  Yes  No Field Sobriety:  Yes  No BAC Test:  Yes  No % Result Drugs:  Yes  No PFD:  Yes  No Ejected:  Yes  No Swim:  Yes  No

Location: \_\_\_\_\_

**OCCUPANTS INFORMATION #3:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Status:  Uninjured  Injured Sex:  Male  Female Race \_\_\_\_\_ Witness:  Yes  No Instruction:  Yes  No

Alcohol/ Drugs:  Yes  No Field Sobriety:  Yes  No BAC Test:  Yes  No % Result Drugs:  Yes  No PFD:  Yes  No Ejected:  Yes  No Swim:  Yes  No

Location: \_\_\_\_\_

**ACCIDENT DESCRIPTION NARRATIVE**

DESCRIBE WHAT  
HAPPENED

(Sequence of events. Include failure of equipment. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFDs or fire extinguishers.)



**ACCIDENT DESCRIPTION NARRATIVE**

DESCRIBE WHAT  
HAPPENED

(Sequence of events. Include failure of equipment. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFDs or fire extinguishers.)

**FLORIDA BOATING ACCIDENT INVESTIGATION REPORT**

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

**VESSEL**

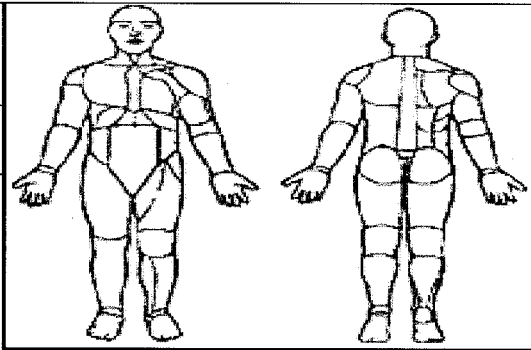
**OR SWIMMER**

<b>Type:</b>	<input type="checkbox"/> Injured	<input type="checkbox"/> Missing (Body not located)	<b>Victim Info.:</b>	<input type="checkbox"/> Can Swim	<input type="checkbox"/> Occupant	<input type="checkbox"/> Operator	<input type="checkbox"/> Swimmer
	<input type="checkbox"/> Fatality	<input type="checkbox"/> Person Was Ejected		<input type="checkbox"/> Can Not Swim	<input type="checkbox"/> On Shore/Dock	<input type="checkbox"/> Skier	
Last Name _____		First Name _____		MI _____	Date of Birth _____		
Street _____					Home Phone _____		
City _____		State _____		Zip Code _____	Work Phone _____		

**Gender:**  Male  
 Female

**Treatment:**  
 Treatment  
 Admitted to Hospital  
 Refused Treatment

<b>Injury Caused By:</b>	<b>Primary &amp; Secondary Injury</b>	<b>PFD Types Used:</b>
<input type="checkbox"/> Impact with Boat	<b>P S</b>	<input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V
<input type="checkbox"/> Impact with Water	<input type="checkbox"/> Amputation	<input type="checkbox"/> II <input type="checkbox"/> IV
<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Non-Inflatable
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> Broken Bone(s)	<input type="checkbox"/> Inflatable
<input type="checkbox"/> Struck by Boat	<input type="checkbox"/> Burn(s)	<b>Physical Condition:</b>
<input type="checkbox"/> Propeller or Skeg	<input type="checkbox"/> Contusion(s)	<input type="checkbox"/> Handicapped
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Dislocation(s)	<input type="checkbox"/> Inf. Alc./Drug
	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Normal
<b>Victim Activity:</b>	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Sick/ill
<input type="checkbox"/> Cruising	<input type="checkbox"/> Internal Injury(ies)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hunting	<input type="checkbox"/> Neck Injury	<b>Death Caused By:</b>
<input type="checkbox"/> PWC Cruising	<input type="checkbox"/> Shock	<input type="checkbox"/> Drowning
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Hypothermia
<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Trauma
<input type="checkbox"/> Swimming	<input type="checkbox"/> Teeth/Jaw	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Water-skiing		
<input type="checkbox"/> Other: _____		



**Injury/Fatal Synopsis**

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**VESSEL**

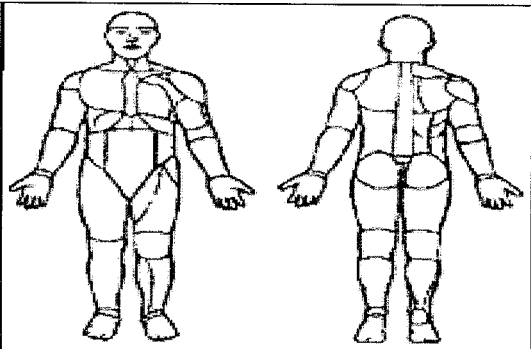
**OR SWIMMER**

<b>Type:</b>	<input type="checkbox"/> Injured	<input type="checkbox"/> Missing (Body not located)	<b>Victim Info.:</b>	<input type="checkbox"/> Can Swim	<input type="checkbox"/> Occupant	<input type="checkbox"/> Operator	<input type="checkbox"/> Swimmer
	<input type="checkbox"/> Fatality	<input type="checkbox"/> Person Was Ejected		<input type="checkbox"/> Can Not Swim	<input type="checkbox"/> On Shore/Dock	<input type="checkbox"/> Skier	
Last Name _____		First Name _____		MI _____	Date of Birth _____		
Street _____					Home Phone _____		
City _____		State _____		Zip Code _____	Work Phone _____		

**Gender:**  Male  
 Female

**Treatment:**  
 Treatment  
 Admitted to Hospital  
 Refused Treatment

<b>Injury Caused By:</b>	<b>Primary &amp; Secondary Injury</b>	<b>PFD Types Used:</b>
<input type="checkbox"/> Impact with Boat	<b>P S</b>	<input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V
<input type="checkbox"/> Impact with Water	<input type="checkbox"/> Amputation	<input type="checkbox"/> II <input type="checkbox"/> IV
<input type="checkbox"/> Impact with Fixed Object	<input type="checkbox"/> Back Injury	<input type="checkbox"/> Non-Inflatable
<input type="checkbox"/> Impact with Floating Object	<input type="checkbox"/> Broken Bone(s)	<input type="checkbox"/> Inflatable
<input type="checkbox"/> Struck by Boat	<input type="checkbox"/> Burn(s)	<b>Physical Condition:</b>
<input type="checkbox"/> Propeller or Skeg	<input type="checkbox"/> Contusion(s)	<input type="checkbox"/> Handicapped
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Dislocation(s)	<input type="checkbox"/> Inf. Alc./Drug
	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Normal
<b>Victim Activity:</b>	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Sick/ill
<input type="checkbox"/> Cruising	<input type="checkbox"/> Internal Injury(ies)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fishing	<input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hunting	<input type="checkbox"/> Neck Injury	<b>Death Caused By:</b>
<input type="checkbox"/> PWC Cruising	<input type="checkbox"/> Shock	<input type="checkbox"/> Drowning
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Spinal Injury	<input type="checkbox"/> Hypothermia
<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Trauma
<input type="checkbox"/> Swimming	<input type="checkbox"/> Teeth/Jaw	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Water-skiing		
<input type="checkbox"/> Other: _____		



**Injury/Fatal Synopsis**

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**FLORIDA BOATING ACCIDENT INVESTIGATION REPORT**

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

**VESSEL**

**OR SWIMMER**

**Type:**  Injured  Missing (Body not located)  Fatality  Person Was Ejected **Victim Info.:**  Can Swim  Can Not Swim  Occupant  On Shore/Dock  Operator  Skier  Swimmer **Gender:**  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

**Injury Caused By:**  
 Impact with Boat  
 Impact with Water  
 Impact with Fixed Object  
 Impact with Floating Object  
 Struck by Boat  
 Propeller or Skeg  
 Other: \_\_\_\_\_

**Primary & Secondary Injury**  

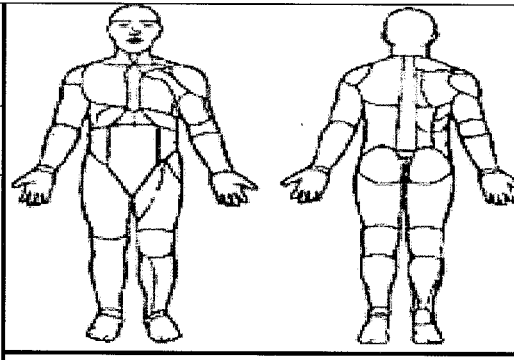
<b>P</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)
<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)
<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia
<input type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)
<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	<input type="checkbox"/>	Shock
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury
<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw

**Victim Activity:**  
 Cruising  
 Fishing  
 Hunting  
 PWC Cruising  
 Scuba Diving  
 Snorkeling  
 Swimming  
 Water-skiing  
 Other: \_\_\_\_\_

**PFD Types Used:**  
 I  II  III  IV  V  
 Non-Inflatable  
 Inflatable

**Physical Condition:**  
 Handicapped  
 Inf. Alc./Drug  
 Normal  
 Sick/ill  
 Other: \_\_\_\_\_

**Death Caused By:**  
 Unknown  
 Drowning  
 Hypothermia  
 Trauma  
 Other: \_\_\_\_\_



**Injury/Fatal Synopsis**

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**VESSEL**

**OR SWIMMER**

**Type:**  Injured  Missing (Body not located)  Fatality  Person Was Ejected **Victim Info.:**  Can Swim  Can Not Swim  Occupant  On Shore/Dock  Operator  Skier  Swimmer **Gender:**  Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

**Injury Caused By:**  
 Impact with Boat  
 Impact with Water  
 Impact with Fixed Object  
 Impact with Floating Object  
 Struck by Boat  
 Propeller or Skeg  
 Other: \_\_\_\_\_

**Primary & Secondary Injury**  

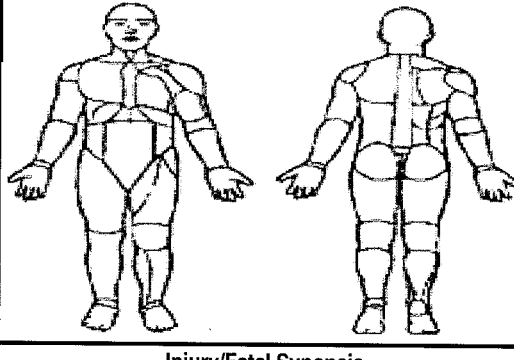
<b>P</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)
<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)
<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia
<input type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)
<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	<input type="checkbox"/>	Shock
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury
<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw

**Victim Activity:**  
 Cruising  
 Fishing  
 Hunting  
 PWC Cruising  
 Scuba Diving  
 Snorkeling  
 Swimming  
 Water-skiing  
 Other: \_\_\_\_\_

**PFD Types Used:**  
 I  II  III  IV  V  
 Non-Inflatable  
 Inflatable

**Physical Condition:**  
 Handicapped  
 Inf. Alc./Drug  
 Normal  
 Sick/ill  
 Other: \_\_\_\_\_

**Death Caused By:**  
 Unknown  
 Drowning  
 Hypothermia  
 Trauma  
 Other: \_\_\_\_\_



**Injury/Fatal Synopsis**

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**FLORIDA BOATING ACCIDENT INVESTIGATION REPORT**

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

**VESSEL**

**OR SWIMMER**

**Type:**  Injured  Missing (Body not located)  Fatality  Person Was Ejected

**Victim Info.:**  Can Swim  Can Not Swim  Occupant  On Shore/Dock  Operator  Skier  Swimmer

**Gender:**  Male  Female

**Treatment:**  Treatment  Admitted to Hospital  Refused Treatment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

**Injury Caused By:**

- Impact with Boat
- Impact with Water
- Impact with Fixed Object
- Impact with Floating Object
- Struck by Boat
- Propeller or Skeg
- Other: \_\_\_\_\_

**Primary & Secondary Injury**

<b>P</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)
<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)
<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia
<input type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)
<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	<input type="checkbox"/>	Shock
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury
<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw

**Victim Activity:**

- Cruising
- Fishing
- Hunting
- PWC Cruising
- Scuba Diving
- Snorkeling
- Swimming
- Water-skiing
- Other: \_\_\_\_\_

**PFD Types Used:**

I  II  III  IV  V

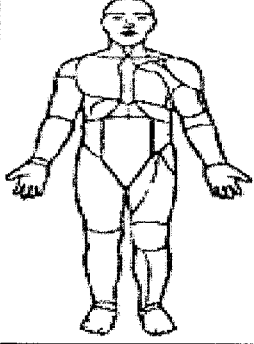
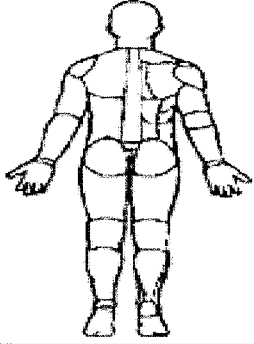
Non-Inflatable  
 Inflatable

**Physical Condition:**

- Handicapped
- Inf. Alc./Drug
- Normal
- Sick/ill
- Other: \_\_\_\_\_

**Death Caused By:**

- Drowning
- Hypothermia
- Trauma
- Other: \_\_\_\_\_

**Injury/Fatal Synopsis**

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\_\_\_\_\_

**VESSEL**

**OR SWIMMER**

**Type:**  Injured  Missing (Body not located)  Fatality  Person Was Ejected

**Victim Info.:**  Can Swim  Can Not Swim  Occupant  On Shore/Dock  Operator  Skier  Swimmer

**Gender:**  Male  Female

**Treatment:**  Treatment  Admitted to Hospital  Refused Treatment

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

**Injury Caused By:**

- Impact with Boat
- Impact with Water
- Impact with Fixed Object
- Impact with Floating Object
- Struck by Boat
- Propeller or Skeg
- Other: \_\_\_\_\_

**Primary & Secondary Injury**

<b>P</b>	<b>S</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)
<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)
<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)
<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury
<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia
<input type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)
<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)
<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury
<input type="checkbox"/>	<input type="checkbox"/>	Shock
<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury
<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw

**Victim Activity:**

- Cruising
- Fishing
- Hunting
- PWC Cruising
- Scuba Diving
- Snorkeling
- Swimming
- Water-skiing
- Other: \_\_\_\_\_

**PFD Types Used:**

I  II  III  IV  V

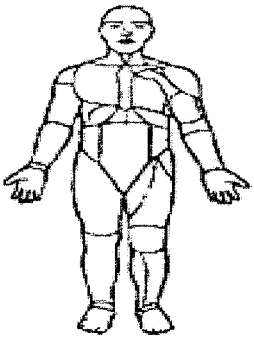
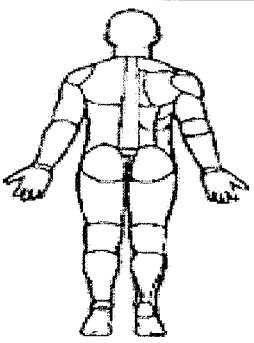
Non-Inflatable  
 Inflatable

**Physical Condition:**

- Handicapped
- Inf. Alc./Drug
- Normal
- Sick/ill
- Other: \_\_\_\_\_

**Death Caused By:**

- Drowning
- Hypothermia
- Trauma
- Other: \_\_\_\_\_

**Injury/Fatal Synopsis**

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\_\_\_\_\_