

**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT**

Florida Boating Accident Self Report

Operator/Owner Report Form  
(Short form to be filled out by all vessel operators involved)



**How do I report a Boating Accident**

You must immediately (as soon as it is possible) contact the Florida Fish & Wildlife Conservation Commission (FWC) by dialing:

**1.888.404.3922 or # FWC Cellular or \* FWC**

the sheriff of the county in which the accident occurred; or the police chief of the municipality where the accident occurred.

You must also complete this form and mail it to the (unless a law enforcement officer completes a written Accident Investigation Report):

**Florida Fish & Wildlife Conservation Commission  
Boating & Waterways Section  
620 South Meridian Street  
Tallahassee, FL 32399-1600**

State and federal law require that the vessel operator must report any accident that involves any of the following:

1. A person's death;
2. An injury requiring medical treatment beyond first aid;
3. The disappearance of a person from the boat under circumstances that indicate death or injury; or
4. Total property damage to all boats, docks, etc. involved in the accident exceeding \$2,000.00

Written Report Require by § 327.301, F.S. and 33 C.F.R.s. 173.55,:

<b>The report must be submitted</b>	
<b>If a person dies</b>	<b>Within 24 hours</b>
<b>If an injury requiring medical treatment beyond first aid</b>	<b>Within 48 hours</b>
<b>The disappearance of a person from the boat under circumstances that indicate death or injury</b>	<b>Within 48 hours</b>
<b>Property damage only</b>	<b>Within 10 days</b>

## Operator Information Exchange

_____	_____	_____
Last Name	First Name	MI
Address: _____		
_____	_____	_____
City	State	Zip Code

## Vessel Information

_____	_____	
Vessel Reg. or Doc. Number	Name of Vessel	
_____	_____	_____
HIN Number	Make	Length

## Insurance Information

_____	_____
Insurance Company	Policy Number

Helpful hints for completing the Boating Accident Self-Report:

1. Fill in each section that applies, (i.e. the accident site section one of the descriptors applies to every accident). The restricted area section should only be completed if the accident occurred in a restricted area, (i.e. no wake zone, slow speed, etc.).
2. State waters are within three **(3)** nautical miles shore in the Atlantic and nine **(9)** nautical miles from shore in the Gulf of Mexico.
3. Total estimated damage is the total of each vessel plus any non-vessel property damage.
4. There are several sections that allow you to check more than one cause, type, etc. When more than one applies, rank them with a 1, 2, or 3, in the order which they occurred. Do not check the box when using multiple entries.
5. This is an example of a brief description of a boating accident. *V-1 was traveling north in the marked channel of the St. Johns River. V-2 was traveling northwest and overtaking V-1. The bow of V-2 struck the starboard side of V-1 causing damage to rub rail and damage to the fiberglass between mid-ship and the stern.*



# FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION DIVISION OF LAW ENFORCEMENT

## Florida Boating Accident Self Report

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

**Forward copy to:** **FWC Boating & Waterways Section**  
**620 South Meridian Street, Tallahassee, FL 32399-1600**Which Agency Contacted:  FWC  Sheriff's Office  Police Dept

STATE LAW REQUIRES THAT YOU MUST NOTIFY ONE OF THE LAW ENFORCEMENT AGENCIES LISTED ABOVE IF YOU ARE INVOLVED IN A BOATING ACCIDENT.

Officer's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

<b>General and Geographic Information:</b>		Total Vessels: _____		County: _____		
Date of Accident: _____		Time of Accident: _____		Est. Total Damage: \$ _____		
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: _____		<input type="checkbox"/> Bay/Sound <input type="checkbox"/> Inlet/Pass <input type="checkbox"/> Ocean/Gulf <input type="checkbox"/> Lake/Pond <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"/> MPH Limit <input type="checkbox"/> Manatee I.S. <input type="checkbox"/> Other <input type="checkbox"/> Slow Speed <input type="checkbox"/> Swimming <input type="checkbox"/> Manatee S.S.				Latitude/Longitude: _____		
<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"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<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>YOUR VESSEL 1</b>	Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____	
	Length _____		Make _____		Year _____	
	Model _____		# of POB _____		# of Fatal _____	
	# of Injured _____		# of Skiers Being Towed _____			
	<b>Estimated Speed</b> <input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> Over 40 mph		<b>Type of Vessel:</b> <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			
	<b>YOUR INFORMATION:</b> Drivers License or Boater ID # _____				State Issued <input type="checkbox"/> Uninjured <input type="checkbox"/> Injured	
	Last Name _____		First Name _____		MI _____	
	Date of Birth _____		<b>Estimated Damage:</b> \$ _____			
	Street _____		Home Phone _____		Work Phone _____	
	City _____		State _____		Zip Code _____	
<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"/> Red Cross <input type="checkbox"/> USPS <input type="checkbox"/> None		<b>Operator Condition</b> <input type="checkbox"/> Feeling Sick <input type="checkbox"/> Drugs <input type="checkbox"/> Been Drinking <input type="checkbox"/> Other		
		Gender <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Lifejacket Used <input type="checkbox"/> Person can Swim <input type="checkbox"/> Person was Ejected		
<b>OCCUPANT INFORMATION:</b>						
Oc1 Name: _____		Phone: ( ) - _____		DOB: _____		
Oc2 Name: _____		Phone: ( ) - _____		DOB: _____		
		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Person Ejected <input type="checkbox"/> PFD Used <input type="checkbox"/> Person Can Swim <input type="checkbox"/> Injured <input type="checkbox"/>		
<b>OTHER VESSEL 2</b>	Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____	
	Length _____		Make _____		Year _____	
	Model _____		# of POB _____		# of Fatal _____	
	# of Injured _____		# of Skiers Being Towed _____			
	<b>Estimated Speed</b> <input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> Over 40 mph		<b>Type of Vessel:</b> <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			
	<b>YOUR INFORMATION:</b> Drivers License or Boater ID # _____				State Issued <input type="checkbox"/> Uninjured <input type="checkbox"/> Injured	
	Last Name _____		First Name _____		MI _____	
	Date of Birth _____		<b>Estimated Damage:</b> \$ _____			
	Street _____		Home Phone _____		Work Phone _____	
	City _____		State _____		Zip Code _____	
<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"/> Red Cross <input type="checkbox"/> USPS <input type="checkbox"/> None		<b>Operator Condition</b> <input type="checkbox"/> Feeling Sick <input type="checkbox"/> Drugs <input type="checkbox"/> Been Drinking <input type="checkbox"/> Other		
		Gender <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Lifejacket Used <input type="checkbox"/> Person can Swim <input type="checkbox"/> Person was Ejected		
<b>OCCUPANT INFORMATION:</b>						
Oc1 Name: _____		Phone: ( ) - _____		DOB: _____		
Oc2 Name: _____		Phone: ( ) - _____		DOB: _____		
		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Person Ejected <input type="checkbox"/> PFD Used <input type="checkbox"/> Person Can Swim <input type="checkbox"/> Injured <input type="checkbox"/>		

<b>Accident Description:</b>		(Check all that Apply)				<input type="checkbox"/> Parasailing Accident	<input type="checkbox"/> Boat Struck by Lightning					
<input type="checkbox"/> Boat Found Capsized	<input type="checkbox"/> Carbon Monoxide Involved	<input type="checkbox"/> Runaway Boat	<input type="checkbox"/> Hit and Run (Left the Scene)									
<input type="checkbox"/> Boat Found Upright Drifting	<input type="checkbox"/> Commercial Vessel	<input type="checkbox"/> Victim Entangled in Line	<input type="checkbox"/> Other									
<b>Activity at Time of Accident:</b>		(Enter up to 3 for each Vessel)										
<b>V-1</b>	<b>V-2</b>	<b>V-1</b>	<b>V-2</b>	<b>V-1</b>	<b>V-2</b>	<b>V-1</b>	<b>V-2</b>					
<input type="checkbox"/>	<input type="checkbox"/>	Commercial Purpose	<input type="checkbox"/>	<input type="checkbox"/>	Racing (Sanctioned)	<input type="checkbox"/>	<input type="checkbox"/>	Skiing (Surfing, etc.)				
<input type="checkbox"/>	<input type="checkbox"/>	Fishing (Recreational)	<input type="checkbox"/>	<input type="checkbox"/>	Recreational Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Swimming				
<input type="checkbox"/>	<input type="checkbox"/>	Fishing (Tournament)	<input type="checkbox"/>	<input type="checkbox"/>	Starting Engine	<input type="checkbox"/>	<input type="checkbox"/>	Boat Pulling Tube				
<input type="checkbox"/>	<input type="checkbox"/>	Scuba Diving	<input type="checkbox"/>	<input type="checkbox"/>	Making Repairs	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<b>Accident Type:</b>		(You may enter up to 3 accident types for each Vessel)										
<b>V-1</b>	<b>V-2</b>	<b>Vessel/Swimmer</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel/Swimmer</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel/Swimmer</b>				
<input type="checkbox"/>	<input type="checkbox"/>	Capsizing	<input type="checkbox"/>	<input type="checkbox"/>	Falls overboard	<input type="checkbox"/>	<input type="checkbox"/>	Grounding				
<input type="checkbox"/>	<input type="checkbox"/>	Collision w/fixed object	<input type="checkbox"/>	<input type="checkbox"/>	Fall on Personal Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	Sinking				
<input type="checkbox"/>	<input type="checkbox"/>	Col. w/fixed object or person	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Explosion (Fuel)	<input type="checkbox"/>	<input type="checkbox"/>	Skier hit object				
<input type="checkbox"/>	<input type="checkbox"/>	Collision w/vessel	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Explosion (Non-Fuel)	<input type="checkbox"/>	<input type="checkbox"/>	Skier mishap/fall				
<input type="checkbox"/>	<input type="checkbox"/>	Fall in boat	<input type="checkbox"/>	<input type="checkbox"/>	Flooding (Swamping)	<input type="checkbox"/>	<input type="checkbox"/>	Starting engine				
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<b>What Contributed to the Accident:</b>		(You may enter up to 3 contributing causes for each Vessel)										
<b>V-1</b>	<b>V-2</b>	<b>Vessel/Swimmer</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel/Swimmer</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel/Swimmer</b>				
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	Failure to vent Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Vessel Flotation				
<input type="checkbox"/>	<input type="checkbox"/>	Careless/Reckless	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Water	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Failure (Below)				
<input type="checkbox"/>	<input type="checkbox"/>	Congested Waters	<input type="checkbox"/>	<input type="checkbox"/>	Hull Failure	<input type="checkbox"/>	<input type="checkbox"/>	No Proper Lock-Out				
<input type="checkbox"/>	<input type="checkbox"/>	Dam or Lock	<input type="checkbox"/>	<input type="checkbox"/>	Ignition of fuel Vapor	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inattention				
<input type="checkbox"/>	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	Improper Anchoring	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inexperience				
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Improper Loading	<input type="checkbox"/>	<input type="checkbox"/>	Overloading				
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Speed	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Proper Lights	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<b>Machinery Failure:</b>			(Check all which apply. Indicate with 1, 2, or 3 etc.)			<b>Equipment Failure:</b>			(Check all which apply. Indicate with 1, 2, or 3 etc.)			
<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	Steering System	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Equipment	<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"/>	Communications	<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"/>	Fire Extinguishers	<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"/>	PFD's	<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress	
<input type="checkbox"/>	<input type="checkbox"/>	Feedback Steering	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				
<b>Type of Boat:</b>			<b># of Engines:</b>			<b>Propulsion:</b>			<b>Safety Equipment:</b>			
<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	Vessel 1	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>
<input type="checkbox"/>	<input type="checkbox"/>	Airboat	<input type="checkbox"/>	<input type="checkbox"/>	Mini Jet Boat		<input type="checkbox"/>	<input type="checkbox"/>	Air Thrust	<input type="checkbox"/>	<input type="checkbox"/>	Req. Lifejackets on Board
<input type="checkbox"/>	<input type="checkbox"/>	Cabin Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Rowboat (Jon)	Vessel 2	<input type="checkbox"/>	<input type="checkbox"/>	Manual	<input type="checkbox"/>	<input type="checkbox"/>	Lifejackets Accessible
<input type="checkbox"/>	<input type="checkbox"/>	Canoes/Kayak	<input type="checkbox"/>	<input type="checkbox"/>	Sail-Aux. Power	<b>Total HP</b>	<input type="checkbox"/>	<input type="checkbox"/>	Propeller	<input type="checkbox"/>	<input type="checkbox"/>	Fire Ext. on Board
<input type="checkbox"/>	<input type="checkbox"/>	Houseboat	<input type="checkbox"/>	<input type="checkbox"/>	Sail(Only)	Vessel 1	<input type="checkbox"/>	<input type="checkbox"/>	Sail	<input type="checkbox"/>	<input type="checkbox"/>	Fire Ext. Used
<input type="checkbox"/>	<input type="checkbox"/>	Open Motorboat	<input type="checkbox"/>	<input type="checkbox"/>	Seaplane	Vessel 2	<input type="checkbox"/>	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	<input type="checkbox"/>	Nav. Lights Operational
<input type="checkbox"/>	<input type="checkbox"/>	Personal Watercraft	<input type="checkbox"/>	<input type="checkbox"/>	Pontoon Boat		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Nav. Lights Turned On
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____					<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Current Safety Exam
<b>Hull Material:</b>			<b>Fuel:</b>			<b>Engine:</b>			<b>Was Vessel:</b>			
<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	Rigid Hull Infl.	<input type="checkbox"/>	<input type="checkbox"/>	Airboat	<input type="checkbox"/>	<input type="checkbox"/>	Rented	
<input type="checkbox"/>	<input type="checkbox"/>	Fiberglass	<input type="checkbox"/>	<input type="checkbox"/>	Wood	<input type="checkbox"/>	<input type="checkbox"/>	Inboard	<input type="checkbox"/>	<input type="checkbox"/>	Borrowed (Not in Household)	
<input type="checkbox"/>	<input type="checkbox"/>	Steel	<input type="checkbox"/>	<input type="checkbox"/>	Rubber/Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	Outboard				
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	I/O				
			<input type="checkbox"/>	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	Gasoline	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	Propane	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Operation at Time of Accident:</b>		(Enter up to 3 for each Vessel)						<b>Launching/Loading:</b>				
<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<b>V-1</b>	<b>V-2</b>	<b>Vessel</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	At Anchor	<input type="checkbox"/>	<input type="checkbox"/>	Cruising	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Being Towed	<input type="checkbox"/>	<input type="checkbox"/>	Docked (Moored)	<input type="checkbox"/>	<input type="checkbox"/>	Rowing/Padding	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Changing Direction	<input type="checkbox"/>	<input type="checkbox"/>	Docking/Undocking	<input type="checkbox"/>	<input type="checkbox"/>	Speed Changing	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Brief Synopsis of Accident:</b>												
<b>Non-Vessel Property Damage:</b> Damage excluding the vessels involved or their contents <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the estimated amount: \$ _____												
Describe damages property _____												
Property Owner Information			Last: _____ First: _____ MI: _____			Home Phone: _____ ( ) - _____			Work Phone: _____ ( ) - _____			
			Street: _____			City: _____ State: _____ Zip Code: _____						
V-1 Operator Signature _____						Date: _____						
V-2 Operator Signature _____						Date: _____						
<b>DO NOT COMPLETE BELOW THIS LINE - FWC HQ BOATING SAFETY REVIEWING AUTHORITY ONLY</b>												
<b>Federal Accident Classification:</b>		(For Statistical use) <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Off-Shore <input type="checkbox"/> Non-Reportable <input type="checkbox"/> Reportable										
Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary cause	Reviewed By		ID #				