DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

OMB Control Number: 1625-0003

RECREATIONAL BOATING ACCIDENT REPORT

Expires: 07/31/2022

INSTRUCTIONS: Use "Report required because" section below to determine if a report is required for your accident. If required, please have each vessel owner or operator involved in the accident submit a report to their state reporting authority. Each boat operator/owner involved in an accident should submit a separate report. For each question below, please provide answers if applicable and if known; otherwise leave blank.

Privacy Act Notice

Authority: 46 U.S.C. 6102 and 33 CFR 173 & 174 authorize the collection of information on boating accidents.
Purpose: The Coast Guard uses this information for statistical purposes, chiefly to inform the public, to measure the Program's efforts, and to regulate issues relating to boating safety.
Routine Uses: The Coast Guard shares this information within the agency, and if state and federal law permit it, to the public.

REPORT SUBMISSION

Report required because *(select all that apply):*

- ☐ At least one person in this accident *died*: If so, how many? _____
- ☐ At least one injured person in this accident *required or was in need of treatment beyond first aid*: If so, how many? _____
- ☐ At least one person in this accident *disappeared* and has not yet been recovered: If so, how many? _____
- ☐ *All* boat and other property *damage (e.g., fishing/hunting gear)* caused by this accident *totaled (or likely totaled)* $2,000 or more:
  - Approximate value of damage to *your* boat: **$**_____
  - Approximate value of damage to *your* other property: **$**_____
- ☐ Your or another *boat* in this accident was *(or likely was)* a *total loss*

Report submitted by *(select all that apply)*:

- ☐ Boat Operator *(required if possible)*
- ☐ Boat Owner *(if operator unable, or same as operator)*
- ☐ Other *(describe)*: _____
  _____

To be submitted within:

48 hours *(if injury, disappearance or death)*

10 days *(if boat/property damage only)*

To be submitted to: *(Local State Reporting Authority)*

Phone:

You may submit any comments concerning the accuracy of the burden estimate or any suggestions for reducing the burden to: Commandant (CG-BSX-21), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503. Questions relating to the collection of this data should be sent to the Coast Guard.

For State Agency Use Only

First Name	*Last Name*
Phone:	

First Name	Last Name	Phone	*Primary Cause of Accident*

ACCIDENT SUMMARY

WHEN

Date: *(mm/dd/yyyy)* Time: am ☐ pm ☐ *(select one)*

WHERE

Body of Water Name

Location *(on water)* description

Nearest city/town

County: State:

ACCIDENT DESCRIPTION: *Briefly* describe this accident *(attach extra pages if necessary)*

DAMAGE TO *YOUR* BOAT: *Briefly* summarize any damage to your boat

***YOUR* BOAT – PEOPLE**

# people *on board (including operator)*:	
# people *being towed (e.g., on tubes, skis)*:	
# people *wearing lifejackets (on board or towed)*:	

***OTHER* BOATS INVOLVED IN ACCIDENT**

# of *other* boats involved:	

DAMAGE TO *YOUR* OTHER PROPERTY: *(NOT BOAT)*

Briefly summarize any damage to your other property *(not boat)*

Reset

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT

BOAT IDENTIFICATION

Your Boat Name:	Manufacturer:
Model Name:	Model Year:
Registration #:	Documentation #:
Hull Identification # *(HIN)*	Rented: ☐ Yes ☐ No

SIZE ESTIMATES

Length: ft.	Depth from transom *(stern)* to keel *(bottommost point)*: ft. in.	Beam width at widest point: ft.

HULL MATERIAL

Type of Hull Material *(select one)*

☐	Fiberglass	☐	Wood	☐	Rubber/vinyl/canvas	☐	Other *(describe):*
☐	Aluminum	☐	Steel	☐	Plastic		

BOAT TYPE

Boat Type *(select one)*							**Available Propulsion** *(select all that apply)*			
☐	Cabin motorboat	☐	Inflatable boat	☐	Personal watercraft *(PWC) (e.g., Wave Runner ™, Jet Ski ™, Sea-Doo ™)*	Paddlecraft:	☐	Propeller	☐	Air thrust
☐	Open motorboat	☐	Houseboat			☐ Canoe	☐	Sail	☐	Other *(describe):*
						☐ Kayak				
☐	Auxiliary sail	☐	Sail *(only)*	☐	Air boat	☐ Standup Paddleboard	☐	Manual		
☐	Pontoon boat	☐	Rowboat	☐	Other (*describe*)		☐	Water jet		

ENGINE

# Engines	**Engine type and horsepower** *(select one)*								**Fuel type** *(select all that apply)*			
Manufacturer	☐	Outboard	☐	Sterndrive	☐	Inboard	☐	Pod drive	☐	Gas	☐	Electric
Total horsepower: hp	☐	No engine	☐	Other:					☐	Diesel	☐	Other:

SAFETY MEASURES

Organizations that have conducted a vessel safety check *(VSC)* on board your boat within the past year *(including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):*

US Coast Guard Auxiliary: VSC Decal? ☐ Yes ☐ No	☐	Federal Agency *(Name)*
	☐	State Agency (*Name)*
US Power Squadrons: VSC Decal? ☐ Yes ☐ No	☐	Other Agency *(Name)*

# Life jackets on board:		# Fire extinguishers on board:		Type of fire extinguishers *(e.g., ABC)*:	
		# Fire extinguishers used:			

ACCIDENT DETAILS – EXTERNAL CONDITIONS

WEATHER

Overall weather was *(select one)*				**It was** *(select one)*		**Visibility was** *(select one)*		**Wind was** *(select one)*	
☐	Clear	☐	Raining	☐	Day	☐	Good	☐	0 mph *(none)*
☐	Cloudy	☐	Snowing	☐	Night	☐	Fair	☐	Over 0, up to 12 mph *(light)*
☐	Foggy	☐	Hazy			☐	Poor	☐	Over 12, up to 25 mph (*moderate)*
☐	Other *(describe):*			Approximate air temperature:	**ºF**			☐	Over 25, up to 55 mph *(strong)*
								☐	Over 55 mph (stormy)

WATER

Overall water conditions *(select one)***:**		**Other water conditions:**				
☐	Up to 6 in. waves *(calm)*	Approximate water temperature:	**ºF**			
☐	Over 6 in., up to 2 ft. waves *(choppy)*	Strong current?	☐	Yes	☐	No
☐	Over 2 ft., up to 6 ft. waves *(rough)*	Hazardous waters? *(e.g., rapid tidal flow, currents)*	☐	Yes	☐	No
☐	Over 6 ft. waves *(very rough)*	Congested waters?	☐	Yes	☐	No

Reset

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS – ACTIVITIES AND OPERATIONS ON *YOUR* BOAT

OPERATOR/PASSENGER ACTIVITIES

Operator/passenger activities on *your* boat at time of accident:

Activities were *(select one)*

☐	Recreational
☐	Commercial

Operator/Passenger activities *(select all that apply)*

☐ Fishing	☐ Tubing	☐	Starting engine
☐ Hunting	☐ Water Skiing	☐	Making repairs
☐ White water activity *(e.g., rafting)*	☐ Relaxing	☐	Other *(list):*

BOAT OPERATIONS

***Your* boat operations at time of accident** *(select all that apply)*

☐ Cruising *(underway under power)*	☐ Drifting	☐ Racing	☐ Towing another vessel
☐ Changing direction	☐ At anchor	☐ Rowing/paddling	☐ Launching
☐ Changing speed	☐ Being towed	☐ Docking/undocking	☐ Tied to dock/mooring
☐ Sailing	☐ Other *(list)*		

ACCIDENT DETAILS – CONTRIBUTING FACTORS ON *YOUR* BOAT

CONTRIBUTING FACTORS

Indicate factors on *your* boat which may have contributed to this accident *(select all that apply)*

☐ Alcohol use	☐ Improper lookout	☐ Dam/lock	☐ Starting in gear
☐ Drug use	☐ Operator inattention	☐ Force of wake/wave	☐ Sharp turn
☐ Excessive speed	☐ Operator inexperience	☐ Hazardous waters	☐ Restricted vision *(e.g., fog)*
☐ Improper anchoring	☐ Language barrier	☐ Heavy weather	☐ Mission/inadequate aids to navigation *(e.g., buoy, daymarker)*
☐ Improper loading	☐ Navigation rules violation	☐ Ignition of fuel or vapor	☐ Inadequate on-board navigation lights
☐ Overloading	☐ Failure to vent	☐ Hull failure	☐ People on gunwale, bow or transom
☐ Other *(describe)*:			

ACCIDENT DETAILS –*YOUR* BOAT

MACHINERY/EQUIPMENT FAILURE

Failure of the following machinery/equipment on *your* boat contributed to this accident *(select all that apply)*

☐ Engine	☐ Onboard lights	☐ Shift	☐ Sound equipment *(e.g., horn, whistle)*
☐ Electrical system	☐ Seats	☐ Radio	☐ Auxiliary equipment
☐ Fuel system	☐ Steering	☐ Fire extinguisher	☐ Other (*list*):
☐ Sail/mast	☐ Throttle	☐ Ventilation	
☐ Onboard navigation aids *(e.g., GPS)*			

ACCIDENT DETAILS – EVENTS ON *YOUR* BOAT

ACCIDENT EVENTS

Types of events occurring to/on *your* boat during accident *(select all that apply)*

☐ Collision with recreational boat	☐ Flooding/swamping	☐ Person fell overboard
☐ Collision with commercial boat *(e.g., tug, barge)*	☐ Fire/explosion – fuel	☐ Person fell on/within boat
☐ Collision with fixed object *(e.g., dock, bridge)*	☐ Fire/explosion – non-fuel	☐ Sudden medical condition
☐ Collision with submerged object *(e.g., stump, cable)*	☐ Carbon monoxide exposure	☐ Person struck by boat
☐ Collision with floating object *(e.g., log, buoy)*	☐ Mishap of skier, tuber, wake boarder, etc.	☐ Person struck by propeller or propulsion unit
☐ Capsizing	☐ Person left boat voluntarily	☐ Person electrocuted
☐ Grounding	☐ Person ejected from boat *(caused by collision or maneuver)*	
☐ Sinking	☐ Other *(describe)*	

Reset

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS –*YOUR* BOAT- INJURED PEOPLE RECEIVING *OR IN NEED OF* TREATMENT BEYOND FIRST AID

Report only injured people on, struck by, or being towed by *your boat*, receiving *or in need of* treatment beyond first aid. *Do not report* injured people on, struck by, or being towed by *another boat or no boat* (e.g., swimmers, people on a dock). *If more than one* injured person to report, attach additional copies of this page. *If none*, SKIP INJURED PEOPLE section.

INJURED PERSON

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth *(mm/dd/yyyy)*	Age

INJURY DETAILS

Injury caused when person *(select all that apply)*

☐	Struck the *(e.g., boat, water):*	
☐	Was struck by a *(e.g., boat, propeller):*	
☐	Was exposed to carbon monoxide poisoning	
☐	Received an electric shock	
☐	Other *(describe):*	

Nature of most serious injury *(select one)*

☐	Scrape/bruise	☐	Dislocation
☐	Cut	☐	Internal organ injury
☐	Sprain/strain	☐	Amputation
☐	Concussion/brain injury	☐	Burn
☐	Spinal cord injury	☐	Other *(describe):*
☐	Broken/fractured bone		

Person was wearing lifejacket?	☐	Yes	☐	No
Person received treatment beyond first aid?	☐	Yes	☐	No
Person was admitted to a hospital?	☐	Yes	☐	No

Body part of *most serious* injury *(e.g., head, trunk, leg):*

ACCIDENT DETAILS – *YOUR* BOAT – DEATHS/DISAPPEARANCES

Only report deaths/disappearances of people on, struck by, or being towed by *your boat*.
If more than one death/disappearance to report, attach additional copies of this page.
If none, SKIP DEATHS/DISAPPEARANCES section.

PERSON WHO DIED/DISAPPEARED

First Name	MI	Last Name
Street		
City	State	Zip
Phone	Date of Birth *(mm/dd/yyyy)*	Age

DETAILS OF DEATH/DISAPPEARANCE

Injury caused when person *(select all that apply)*

☐	Struck the *(e.g., boat, water):*	
☐	Was struck by a *(e.g., boat, propeller):*	
☐	Was exposed to carbon monoxide poisoning	
☐	Received an electric shock	
☐	Other *(describe):*	

Nature of death/disappearance *(select one)*

☐	Death – by drowning
☐	Death – other likely cause *(describe)*
☐	Disappeared and not yet recovered

Person was wearing lifejacket?	☐	Yes	☐	No

Reset

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

ACCIDENT DETAILS – *YOUR* BOAT OPERATOR

OPERATOR INSTRUCTION

Boating safety instruction completed *(select all that apply)*

- ☐ None
- ☐ State course
- ☐ USCG Auxiliary course
- ☐ US Power Squadrons course
- ☐ Internet *(name of sponsoring organization)*
- ☐ Other *(describe)*

OPERATOR SAFETY MEASURES

On board, prior to accident, was operator wearing:

A lifejacket?	☐	Yes	☐	No
An engine cut-off switch *(Lanyard or wireless device)* if equipped?	☐	Yes	☐	No
On board, prior to accident, was operator using:				
Alcohol?	☐	Yes	☐	No
Drugs?	☐	Yes	☐	No
Operator arrested for Boating Under the Influence?	☐	Yes	☐	No
Weather reports consulted prior to accident?	☐	Yes	☐	No

OPERATOR EXPERIENCE

Experience operating this type of boat *(select one)*

☐ 0 to 10 hours ☐ Over 10, up to 100 hours ☐ Over 100, up to 500 hours ☐ Over 500 hours

ACCIDENT DETAILS – OTHER KEY PEOPLE

Only report other key people *not already documented* as injured, died, disappeared or operator/owner of *your* boat.
If more than two other key people to report, attach additional copies of this page.

NAME/ADDRESS

This other key person was a(n) *(select all that apply)*

☐ *Other* boat operator ☐ *Other* boat owner ☐ Owner of *other* damaged property ☐ Passenger on *your* boat ☐ Witness

First Name	MI	Last Name	
Street			
City	State	Zip	Phone
Other boat name *(if any)*		*Other* boat registration # *(if any)*	

NAME/ADDRESS

This other key person was a(n) *(select all that apply)*

☐ *Other* boat operator ☐ *Other* boat owner ☐ Owner of *other* damaged property ☐ Passenger on *your* boat ☐ Witness

First Name	MI	Last Name	
Street			
City	State	Zip	Phone
Other boat name *(if any)*		*Other* boat registration # *(if any)*	

Reset

For each question below, please provide answers IF APPLICABLE AND IF KNOWN, otherwise leave blank.

YOUR BOAT OPERATOR

NAME/ADDRESS

First Name	MI	Last Name
Street		
City	State	Zip

AGE/GENDER/PHONE

Date of Birth *(mm/dd/yyyy)*	Age	Gender		Male		Female	Phone

YOUR BOAT OWNER

If same as *your* boat *operator* SKIP rest of YOUR BOAT OWNER section.

NAME/ADDRESS/PHONE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

PERSON SUBMITTING THIS REPORT

If same as *your* boat *operator* OR *owner*, SKIP rest of PERSON SUBMITTING THIS REPORT section.

NAME/ADDRESS/PHONE/ROLE

First Name	MI	Last Name	
Street			
City	State	Zip	Phone

I was a(n) *(select one)*

	Other person on board *this* boat
	Accident witness *not* on board *this* boat
	Other *(describe):*

SIGNATURE OF PERSON SUBMITTING THIS REPORT

Your signature	**Date** *(mm/dd/yyyy)*

An Agency may not conduct or sponsor and a person is not required to respond to an information collection, unless it displays a currently valid OMB Control Number.

The Coast Guard estimates that the average burden for this report form is 30 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-BSX-21), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0003), Washington, DC 20503.

Reset