

PENNSYLVANIA BOATING ACCIDENT REPORT

PENNSYLVANIA FISH & BOAT COMMISSION

Instructions: State Law requires this report to be completed and filed within 48 hours by the operator of the boat involved in an accident resulting in death, disappearance or injury requiring medical treatment beyond first aid. Accidents involving aggregate property damage exceeding \$2,000 must be reported within 10 days. If the operator is unable, the owner of every vessel involved must report the accident. All reports are confidential and for the use of the Commission for boating safety purposes only. Reports must be sent to: **Pennsylvania Fish & Boat Commission, Boating Accident Report, P.O. Box 67000, Harrisburg, PA 17106-7000.**

DATE OF ACCIDENT (M/D/Y)	TIME OF ACCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY	BODY OF WATER	LOCATION ON WATER
# INJURED	# DEAD/MISSING	TOTAL \$ DAMAGE	LAW ENFORCEMENT ON ACCIDENT SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, LIST AGENCY NAME
WEATHER (CHECK ALL THAT APPLY) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> HAZY		WATER CONDITIONS (CHECK ONE) <input type="checkbox"/> CALM (waves less than 6") <input type="checkbox"/> CHOPPY (waves 6" - 2') <input type="checkbox"/> ROUGH (waves 2 - 6') <input type="checkbox"/> VERY ROUGH (waves >6')		WIND CONDITIONS (CHECK ONE) <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)
		TEMPERATURE WATER VISIBILITY (CHECK ONE) <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR		AIR STRONG CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF ACCIDENT (CHECK ALL THAT APPLY)		CAUSE OF ACCIDENT (CHECK ALL THAT APPLY)	
<input type="checkbox"/> CAPSIZING	<input type="checkbox"/> FIRE / EXPLOSION (fuel)	<input type="checkbox"/> IMPROPER LOOKOUT / INATTENTION	<input type="checkbox"/> HAZARDOUS WEATHER / WATER
<input type="checkbox"/> COLLISION WITH VESSEL	<input type="checkbox"/> FIRE / EXPLOSION (other than fuel)	<input type="checkbox"/> OPERATOR INEXPERIENCE	<input type="checkbox"/> RESTRICTED VISION
<input type="checkbox"/> COLLISION WITH FIXED OBJECT	<input type="checkbox"/> FLOODING / SWAMPING	<input type="checkbox"/> EXCESSIVE SPEED	<input type="checkbox"/> IGNITION OF SPILLED FUEL / VAPOR
<input type="checkbox"/> COLLISION WITH FLOATING OBJECT	<input type="checkbox"/> SINKING	<input type="checkbox"/> MACHINERY FAILURE _____	<input type="checkbox"/> IMPROPER ANCHORING
<input type="checkbox"/> FALL OVERBOARD	<input type="checkbox"/> STRUCK BY BOAT / PROPELLER	<input type="checkbox"/> EQUIPMENT FAILURE _____	<input type="checkbox"/> ALCOHOL USE
<input type="checkbox"/> FALL IN BOAT	<input type="checkbox"/> SKIER MISHAP	<input type="checkbox"/> IMPROPER LOADING	<input type="checkbox"/> FAILURE TO VENT
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> OVERLOADING	<input type="checkbox"/> OTHER _____

DESCRIBE WHAT HAPPENED

(Describe sequence of events. Include failure of equipment. If diagram is needed, attach separately. 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 life jackets.)

VICTIM OR WITNESS INFORMATION

NAME & ADDRESS	STATUS (CHECK ONE)	DATE OF BIRTH	INJURY DESCRIPTION	MEDICAL TREATMENT?	LIFE JACKET WORN?
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> INJURED <input type="checkbox"/> DEAD <input type="checkbox"/> WITNESS ONLY			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

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INFORMATION: OPERATOR #1

OPERATOR NAME AND ADDRESS DATE OF BIRTH	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO ----- OWNER NAME AND ADDRESS	OPERATOR EXPERIENCE (CHECK ONE) <input type="checkbox"/> 0 TO 10 HOURS <input type="checkbox"/> OVER 10, UP TO 100 HOURS <input type="checkbox"/> OVER 100, UP TO 500 HOURS <input type="checkbox"/> OVER 500 HOURS	OPERATOR EDUCATION (CHECK ONE) <input type="checkbox"/> NONE <input type="checkbox"/> STATE COURSE <input type="checkbox"/> USCG AUXILIARY <input type="checkbox"/> US POWER SQUADRONS <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER
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INFORMATION: VESSEL #1

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED \$ DAMAGE	RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ONBOARD	# OF PERSONS TOWED	
REGISTRATION NUMBER (PA OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH	
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER	
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____				FIRE EXTINGUISHER ONBOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF LIFE JACKETS ONBOARD LIFE JACKETS WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF BOAT (CHECK ONE) <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE <input type="checkbox"/> KAYAK <input type="checkbox"/> PONTOON <input type="checkbox"/> AIR BOAT <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____		HULL MATERIAL (CHECK ONE) <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (specify) _____		PROPULSION (CHECK ONE) <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____		OPERATION AT TIME OF ACCIDENT (CHECK ONE) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER - SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL SPEED _____ MPH	

INFORMATION: OPERATOR #2

OPERATOR NAME AND ADDRESS	IS OWNER DIFFERENT THAN OPERATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO ----- OWNER NAME AND ADDRESS
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INFORMATION: VESSEL #2

THIS VESSEL ONLY	# INJURED	# DEAD	ESTIMATED \$ DAMAGE	RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF PERSONS ONBOARD	# OF PERSONS TOWED	
REGISTRATION NUMBER (PA OR DOC #)		MFR. HULL ID #		BOAT NAME		LENGTH	
BOAT MANUFACTURER		BOAT MODEL		YEAR BUILT	TYPE OF FUEL	# OF ENGINES HORSEPOWER	
ACTIVITY <input type="checkbox"/> RECREATIONAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER _____				FIRE EXTINGUISHER ONBOARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE EXTINGUISHER USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	# OF LIFE JACKETS ONBOARD LIFE JACKETS WORN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF BOAT (CHECK ONE) <input type="checkbox"/> OPEN MOTORBOAT <input type="checkbox"/> CABIN MOTORBOAT <input type="checkbox"/> PERSONAL WATERCRAFT <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SAILBOAT (aux. engine) <input type="checkbox"/> SAILBOAT (sail only) <input type="checkbox"/> CANOE <input type="checkbox"/> KAYAK <input type="checkbox"/> PONTOON <input type="checkbox"/> AIR BOAT <input type="checkbox"/> RAFT <input type="checkbox"/> ROWBOAT <input type="checkbox"/> OTHER (specify) _____		HULL MATERIAL (CHECK ONE) <input type="checkbox"/> WOOD <input type="checkbox"/> ALUMINUM <input type="checkbox"/> FIBERGLASS <input type="checkbox"/> PLASTIC <input type="checkbox"/> RUBBER / VINYL <input type="checkbox"/> STEEL <input type="checkbox"/> OTHER (specify) _____		PROPULSION (CHECK ONE) <input type="checkbox"/> OUTBOARD <input type="checkbox"/> INBOARD <input type="checkbox"/> INBOARD / OUTBOARD <input type="checkbox"/> JET <input type="checkbox"/> SAIL ONLY <input type="checkbox"/> PADDLE / OARS <input type="checkbox"/> OTHER (specify) _____		OPERATION AT TIME OF ACCIDENT (CHECK ONE) <input type="checkbox"/> CRUISING <input type="checkbox"/> CHANGING DIRECTION <input type="checkbox"/> CHANGING SPEED <input type="checkbox"/> TOWING SKIER / TUBER <input type="checkbox"/> TOWING SKIER - SKIER DOWN <input type="checkbox"/> TOWING ANOTHER VESSEL <input type="checkbox"/> BEING TOWED BY ANOTHER VESSEL SPEED _____ MPH	

Name of person completing this report _____ Signature of person completing this report _____	QUALIFICATION OF PERSON COMPLETING REPORT <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER (specify) _____
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