## 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		COUNTY	BO	DY OF WATER			LOCATION ON WA	LOCATION ON WATER					
			□ AM □ PM												
# INJURED	# DEAD/MIS	SSING		TAL \$ DAMAGE	LAW ENF	ORCEMENT ON ACCIDE	ENT SCENE?	IF YES, LIST AG	ENCY NAME						
						□ YES □	⊐ NO								
WEATHER (CHECK ALL TI	HAT APPLY)	WA	TER CO	NDITIONS (CHECK ONE)		WIND CONDITIONS (C	CHECK ONE)		TEMPERATURE						
☐ CLEAR ☐ RAIN ☐ CALM (waves less than 6")					□ NONE			WATER AIR							
□ CLOUDY         □ SNOW         □ CHOPPY (waves 6" - 2')           □ FOG         □ HAZY         □ ROUGH (waves 2 - 6')						(0 - 6 mph) ERATE (7 - 14 mph)		VISIBILITY (CHECK ONE) STRONG CURRENT?							
□ VERY ROUGH (waves >6')						NG (15 - 25 mph)			□ GOOD □ FAIR □ YES □						
						☐ STORM	M (over 25 mph)		□ POOR						
TYPE OF ACCIDENT (CHECK ALL THAT APPLY)  □ CAPSIZING □ FIRE / EXPLOSION (fuel)							AUSE OF ACCIDENT (CHE								
☐ COLLISION WI	TH VESSE	=1		☐ FIRE / EXPLOSION	. ,		☐ OPERATOR INEX		☐ RESTRICTED VISION						
☐ COLLISION WI				☐ FLOODING / SWAN	•	·	☐ EXCESSIVE SPE		☐ IGNITION OF SPILLED FUEL / VAPOR						
☐ COLLISION WI			`T		/// IIVO				☐ IMPROPER ANCHORING						
☐ FALL OVERBO		IIVO ODULO	,	☐ STRUCK BY BOAT	/ PROPI				□ ALCOHOL USE						
☐ FALL IN BOAT	, ii (D			☐ SKIER MISHAP	7111011		☐ IMPROPER LOA		☐ FAILURE TO VENT						
☐ OTHER				LI ORIER MIOTIVII			□ OVERLOADING	DIIVO			HER				
Bomen											TIEN				
(5 "	, ,						WHAT HAPP						.,		
drugs in causing or	e of events contributin	. include fa	ilure of cident.	f equipment. If diagram is n Include any descriptive info	eeded, a ormation	about the use of li	continue on additionalife jackets.)	al sneets it nec	essary. Include any informa	tion rega	raing the involvemen	t of alconol	and/or		
					VI	CTIM OR WI	ITNESS INFO	RMATION							
		NAME & AD	DRESS			STATUS (CHECK ON	DATE OF BIRTH		INJURY DESCRIPTIO	N		MEDICAL REATMENT?	LIFE JACKET WORN?		
						□ INJURED						□ YES	□ YES		
						□ DEAD					1	□ NO	□ NO		
						☐ WITNESS ON	ILY				,		1.,0		
						☐ INJURED					1	□ YES	☐ YES		
						□ DEAD						□ NO	□ NO		
						□ WITNESS ON	ILY								
						☐ INJURED					ι	□ YES	☐ YES		
						☐ DEAD ☐ WITNESS ON	IIY				ι	□ NO	□ NO		
					$\rightarrow$	☐ INJURED	IL1								
						☐ DEAD					1	□ YES	☐ YES		
						☐ WITNESS ON	ILY				1	□ NO	□ NO		

## PENNSYLVANIA BOATING ACCIDENT REPORT

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				INFOR	MATION	: OPERAT	OR #1								
OPERATOR NAME AND	ADDRESS			IS OWNER DIFFERENT THAN OPERATOR? ☐ YES ☐ NO				S □NO	OPERATOR EXPERIENCE (CHECK ONE				CATION (CHECK ONE)		
	OWNER NAME AND ADDRESS					1	☐ 0 TO 10 HOURS ☐ OVER 10,			☐ NONE ☐ STATE COURSE					
										UP TO 100 HOURS		☐ USCG AUXILIARY			
									1	☐ OVER 100,			WER SQUADRONS		
				-					1	UP TO 500 HOURS  ☐ OVER 500 HOURS		☐ INTERNET ☐ OTHER			
DATE OF BIRTH									2 OVER SOUTHOUNG						
TUIO	# INJURED	# DEAD	ESTIMATED \$ DAMAGE	INFO RENTED		N: VESSE	L #1	# OF PERSONS O	NIDOADD		# OF DED	RSONS TOWER	1		
THIS VESSEL ONLY	# INVOINED	# DEND	LOTIMATED & DAMAGE	KLIVILL	□ YES	□NO		# OF PERSONS OF	INDOAND		# OI FLIX	OONO TOWLL	·		
REGISTRATION NUMBER	BOAT NAME							LENGTH							
BOAT MANUFACTURER		BOAT M	DDEL	YEAR BUILT				F FUEL		# OF ENGINES	Н	IORSEPOWER			
ACTIVITY	I GOMME	OLAL FLOTHER									LIFE JACKETS WORN?				
		RCIAL OTHER		DDODUH OLO	N (OUEOK ONE)	☐ YES	NO PES NO						☐ YES ☐ NO		
TYPE OF BOAT (CHECK  OPEN MOTOR	,	HULL MATERIAL  WOOD	(CHECK ONE)	PROPULSION DUTE		- 1	OPERATION AT TIME OF ACCIDENT (CHECK ONE)  CRUISING  DRIFTING								
☐ CABIN MOTO		□ ALUMINI	JM	□ INBO		☐ CHANGING D						☐ AT ANCHOR			
☐ PERSONAL W	ATERCRAFT	☐ FIBERGI		□ INBO	OARD	HANGING SPE				☐ TIED TO DOCK					
☐ HOUSEBOAT ☐ SAILBOAT (aux	engine)	☐ PLASTIC		□ JET	ONLY		- 1	OWING SKIER OWING SKIER		\M/NI			VING DOCK		
☐ SAILBOAT (sail	• ,	□ STEEL	(/ VIIVIE	. □ SAIL ONLY □ PADDLE / OAR;			☐ TOWING SNIEN						SAILING		
☐ CANOE		□ OTHER	specify)	□ OTHE	ER (specify)	☐ BEING TOWED BY			BY ANOTHER VESSEL			OTHER (specify)			
☐ KAYAK ☐ PONTOON				_		-									
☐ AIR BOAT							SPE	ED							
□RAFT										MPH					
☐ ROWBOAT ☐ OTHER (specify															
LI OTTILIT (opcoil)				INFOR	MATION	: OPERATO	) )D #2								
OPERATOR NAME AND	ADDRESS			IS OWNER DIFFERENT				□ YES □	NO						
				OWNER NAME AND AD											
						N: VESSE	L #2								
THIS VESSEL	# INJURED	# DEAD	ESTIMATED \$ DAMAGE	E RENTED BOAT?  ☐ YES ☐ NO				# OF PERSONS ONBOARD				# OF PERSONS TOWED			
	ONLY   REGISTRATION NUMBER (PA OR DOC #)   MFR. HULL ID #		MFR. HULL ID #		SOAT NAME						LENGTH				
The state of the s	DOM TO ME														
BOAT MANUFACTURER BOAT MODEL					EAR BUILT	TYPE C	F FUEL		# OF ENGINES		HORSEPOWER				
ACTIVITY						FIRE EXTINQUISH			QUISHER USED?	# OF LIFE	JACKETS O	NBOARD	LIFE JACKETS WORN?		
		RCIAL OTHER				☐ YES			□ NO				☐ YES ☐ NO		
TYPE OF BOAT (CHECK  OPEN MOTOF	*	HULL MATERIAL  WOOD	(CHECK ONE)	PROPULSIO			TION AT TIME OF AC CRUISING	CCIDENT (CHEC	K ONE)	□ DB	IFTING				
☐ CABIN MOTO		□ ALUMIN	JM	□ INBO	☐ CHANGING DIR			— - · · · · · · · ·							
☐ PERSONAL W	ATERCRAFT	☐ FIBERG		□ INBO								K			
			☐ PLASTIC ☐ RUBBER / VINYL		☐ JET☐ SAIL ONLY		☐ TOWING SKI					LAUNCHING DOCKING / LEAVING DOCK			
☐ SAILBOAT (au)	0 ,	□ STEEL	K/ VINTL			☐ TOWING SKIER -									
☐ CANOE	,	□ OTHER	(specify)	□ OTHE		☐ BEING TOWED BY ANOTHER VESSEL ☐ OTHER (specify)					)				
☐ KAYAK															
☐ PONTOON ☐ AIR BOAT								SPEED							
□ RAFT										MPH					
□ ROWBOAT															
☐ OTHER (specify	)	_													
									QUALIF	ICATION OF PERS	SON COMPLE	ETING REPOR	Г		
Name of person complet	ing this report								_   □	PERATOR	□ OW	/NER	☐ OTHER (specify)		
Signature of person com	nleting this report														
<ul> <li>Organization of personal COII</li> </ul>	hiorina rius reharr								- 1 —						