DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-3865	**BOATING ACCIDENT REPORT**	**FORM APPROVED OMB NO. 1625-0003**
	CASE NUMBER: #	

THE OPERATOR OF A VESSEL THAT IS BEING USED FOR RECREATIONAL PURPOSES IS REQUIRED TO FILE THIS REPORT IMMEDIATELY TO THE REPORTING AUTHORITY IN THE STATE WHERE THE ACCIDENT OCCURRED WHENEVER AN ACCIDENT RESULTS IN: **LOSS OF LIFE** OR **DISAPPEARANCE** OF A PERSON; AN **INJURY** WHICH REQUIRES **MEDICAL TREATMENT BEYOND FIRST AID**; PROPERTY DAMAGE OF **$2,000 OR MORE**; OR **COMPLETE LOSS OF THE VESSEL**. STATE AUTHORITIES MAY REQUIRE REPORTS OF PROPERTY DAMAGE LESS THAN 2,000. THE OWNER OF THE VESSEL SHALL FILE THE REPORT IF THE OPERATOR CANNOT.

COMPLETE ALL BLOCKS (INDICATE THOSE NOT APPLICABLE BY "NA")

ACCIDENT DATA

NUMBER OF PERSONS DECEASED:	**NUMBER INJURED BEYOND FIRST AID:**	**NUMBER DISAPPEARED:**
NUMBER OF VESSELS INVOLVED:	**TOTAL PROPERTY DAMAGE AMOUNT** $	**WAS VESSEL A TOTAL LOSS** ☐ YES ☐ NO
DATE OF ACCIDENT:	**TIME:** ☐ AM ☐ PM	(DD°MM'SS") (WGS84) **LATITUDE:**
LOCATION NAME:	**STATE:** **COUNTY:**	DD°MM'SS") (WGS84) **LONGITUDE:**
NAME OF BODY OF WATER:	**NEAREST CITY OR TOWN:**	**ALCOHOL INVOLVED** ☐ YES ☐ NO
NUMBER OF MILES OFF-SHORE ____ ☐ ATLANTIC OCEAN ☐ GULF OF MEXICO ☐ PACIFIC OCEAN	**REPORT STATUS** ☐ **STATE REPORTABLE** ☐ **USCG REPORTABLE** ☐ RECREATIONAL ☐ COMMERCIAL ☐ USCG NON-REPORTABLE	

WEATHER (CHECK ALL APPLICABLE)	**WATER CONDITIONS**	**WIND**	**TEMPERATURE**	**VISIBILITY**
☐ CLEAR ☐ RAIN ☐ CLOUDY ☐ SNOW ☐ FOG ☐ HAZY	☐ CALM (WAVES LESS THAN 6") ☐ CHOPPY (WAVES 6" TO 2') ☐ ROUGH (WAVES 2' TO 6') ☐ VERY ROUGH (GREATER THAN 6') ☐ STRONG / SWIFT CURRENT	☐ NONE ☐ LIGHT (0 - 12 MPH) ☐ MODERATE (13 - 24 MPH) ☐ STRONG (25 - 54 MPH) ☐ STORM (55 MPH AND OVER)	AIR (____) °F WATER (____) °F	**DAY** **NIGHT** ☐ GOOD ☐ ☐ FAIR ☐ ☐ POOR ☐

OPERATOR / OWNER INFORMATION

OPERATOR NAME	**LAST:**	**FIRST:**		**MIDDLE INITIAL:**
ADDRESS	**STREET:**	**CITY:**	**STATE:**	**ZIP:**
TELEPHONE NUMBER (____)_____		**DATE OF BIRTH (MO/DAY/YR):**		**AGE IN YEARS:**

	OPERATOR EXPERIENCE WITH THIS VESSEL	**OPERATOR INSTRUCTION IN BOATING SAFETY**
☐ **MALE** ☐ **FEMALE**	☐ UNDER 10 HOURS ☐ OVER 500 HOURS ☐ 10 TO 100 HOURS ☐ OTHER ☐ 100 TO 500 HOURS	☐ STATE COURSE ☐ INTERNET COURSE (SPECIFY) ☐ NONE ☐ USCG AUXILIARY ☐ OTHER (SPECIFY) ☐ US POWER SQUADRONS

OWNER NAME	**LAST:**	**FIRST:**	**MIDDLE INITIAL:**
ADDRESS	**STREET:**	**CITY:**	
TELEPHONE NUMBER (____)_____		**STATE:**	**ZIP:**

VESSEL A (THIS VESSEL)

NUMBER DECEASED FOR THIS VESSEL ____	**OPERATOR DECEASED** ☐ YES ☐ NO	**NUMBER INJURED BEYOND FIRST AID FOR THIS VESSEL** ____
AMOUNT OF DAMAGE FOR THIS VESSEL $ _____	**DESCRIBE VESSEL DAMAGE:**	
AMOUNT OF DAMAGE TO OTHER PROPERTY $ _____	**DESCRIBE OTHER PROPERTY DAMAGE:**	
VESSEL REGISTRATION NUMBER:	**STATE:**	**VESSEL NAME:**
HULL IDENTIFICATION NUMBER (HIN):		**VESSEL MODEL:**
VESSEL DOCUMENTATION NUMBER:	**YEAR BUILT:**	**VESSEL LENGTH IN FEET AND INCHES:**
NAME OF VESSEL MANUFACTURER:	**VESSEL SAFETY CHECK (VSC) NUMBER:**	

RENTED VESSEL ☐ YES ☐ NO	**OPERATOR LIVED AT VESSEL OWNER'S RESIDENCE** ☐ YES ☐ NO **VESSEL OWNER WAS** ☐ OCCUPANT ☐ OPERATOR ☐ NOT PRESENT	**BUI ARREST** ☐ YES ☐ NO **OPERATOR BAC** ____

COAST GUARD (USCG) APPROVED PERSONAL FLOTATION DEVICES (PFDS)	**OPERATOR**	**FIRE EXTINGUISHERS**
VESSEL EQUIPPED WITH USCG APPROVED PFDS ☐ YES ☐ NO	**WEARING USCG PFD** ☐ YES ☐ NO	ON BOARD ☐ YES ☐ NO
USCG APPROVED PFDS ACCESSIBLE ☐ YES ☐ NO	**USED SAFETY LANYARD** ☐ YES ☐ NO	USED ☐ YES ☐ NO

VESSEL A (CONTINUED)

TYPE OF VESSEL

- ☐ AIR BOAT
- ☐ AUXILIARY SAIL
- ☐ CABIN MOTORBOAT
- ☐ CANOE
- ☐ HOUSEBOAT
- ☐ KAYAK
- ☐ JET BOAT
- ☐ OPEN MOTORBOAT
- ☐ PERSONAL WATERCRAFT (PWC)
- ☐ PONTOON BOAT
- ☐ ROWBOAT
- ☐ SAIL (ONLY)
- ☐ OTHER (SPECIFY)

VESSEL HULL MATERIAL

- ☐ FIBERGLASS
- ☐ ALUMINUM
- ☐ RUBBER/VINYL/CANVAS
- ☐ RIGID HULL INFLATABLE
- ☐ KEVLAR
- ☐ PLASTIC (ROYALEX, POLYETHYLENE)
- ☐ WOOD
- ☐ STEEL
- ☐ OTHER (SPECIFY)

ENGINE

- ☐ OUTBOARD ☐ NONE
- ☐ STERNDRIVE - INBOARD (I/O)
- ☐ INBOARD

NUMBER OF ENGINES _____

ENGINE MAKE _____

PROPULSION

- ☐ PROPELLER
- ☐ WATER JET
- ☐ MANUAL
- ☐ SAIL
- ☐ AIR THRUST

FUEL ☐ GASOLINE ☐ DIESEL ☐ ELECTRIC

TOTAL HORSEPOWER FOR PRIMARY ENGINE (S) _____

ENGINE SERIAL NUMBER (S) _____

ACCIDENT EVENTS AND CONTRIBUTING FACTORS

OPERATION AT TIME OF ACCIDENT

- ☐ AT ANCHOR
- ☐ BEING TOWED
- ☐ CHANGING DIRECTION
- ☐ CHANGING SPEED
- ☐ CRUISING
- ☐ DOCKING/UNDOCKING
- ☐ DRIFTING
- ☐ LAUNCHING
- ☐ ROWING/PADDLING
- ☐ SAILING
- ☐ TIED TO DOCK/MOORING
- ☐ TOWING ANOTHER VESSEL
- ☐ OTHER (SPECIFY)

ACTIVITY AT TIME OF ACCIDENT

- ☐ COMMERCIAL ACTIVITY
- ☐ FISHING
- ☐ FUELING
- ☐ HUNTING
- ☐ MAKING REPAIRS
- ☐ RACING
- ☐ STARTING ENGINE
- ☐ SWIMMING
- ☐ SCUBA DIVING / SNORKELING
- ☐ FISHING TOURNAMENT
- ☐ TUBING
- ☐ WATER SKIING
- ☐ WHITEWATER BOATING

TYPE OF ACCIDENT (NUMBER BY ORDER OF OCCURRENCE)

- ____CAPSIZING
- ____CARBON MONOXIDE EXPOSURE
- ____COLLISION WITH FIXED OBJECT
- ____COLLISION WITH FLOATING OBJECT
- ____COLLISION WITH VESSEL
- ____ELECTROCUTION
- ____FALL WITHIN A VESSEL
- ____FALL ON A VESSEL
- ____FALLS OVERBOARD
- ____FIRE OR EXPLOSION (OTHER)
- ____FIRE/EXPLOSION (FUEL)
- ____FLOODING/SWAMPING
- ____GROUNDING
- ____PERSON LEAVES A VESSEL
- ____PERSON EJECTED FROM A VESSEL
- ____SINKING
- ____SKIER MISHAP
- ____STRUCK BY VESSEL
- ____STRUCK BY PROPELLER OR PROPULSION UNIT
- ____STRUCK SUBMERGED OBJECT
- ____OTHER

BOATING CITATIONS ISSUED ☐ YES ☐ NO

OPERATOR REPORT STATUS ☐ NO OPERATOR ☐ COMPLETE ☐ INCOMPLETE

DID THE ACCIDENT RESULT IN A HIT AND RUN? ☐ YES ☐ NO

NUMBER OF PEOPLE ON BOARD:

NUMBER OF PEOPLE BEING TOWED:

ESTIMATED SPEED AT TIME OF ACCIDENT ☐ NOT MOVING ☐ UNDER 10 MPH ☐ 10-20 MPH ☐ 21-40 MPH ☐ OVER 40 MPH ☐ IDLING ☐ PLOWING ☐ ACCELERATING ☐ PLANING (ON PLANE) ☐ DECELERATING

CONTRIBUTING FACTORS (PRIMARY, SECONDARY AND TERTIARY USING 1,2,3)

- ☐ ALCOHOL USE
- ☐ CARELESS/RECKLESS OPERATION
- ☐ CONGESTED WATERS
- ☐ DAM / LOCK
- ☐ DRUG USE
- ☐ EQUIPMENT FAILURE
- ☐ EXCESSIVE SPEED
- ☐ FAILURE TO VENT
- ☐ HAZARDOUS WATERS
- ☐ VESSEL HULL FAILURE
- ☐ IGNITION OF SPILLED FUEL OR VAPOR
- ☐ MACHINERY FAILURE
- ☐ OPERATOR INATTENTION
- ☐ IMPROPER ANCHORING
- ☐ IMPROPER LOADING
- ☐ LACK OF / IMPROPER BOAT LIGHTS
- ☐ OPERATOR INEXPERIENCE
- ☐ OVERLOADING
- ☐ PASSENGER / SKIER BEHAVIOR
- ☐ RESTRICTED VISION
- ☐ RULES OF THE ROAD VIOLATION
- ☐ SHARP TURN
- ☐ STANDING / SITTING ON GUNWALE, BOWS, AND TRANSOM
- ☐ STARTING IN GEAR
- ☐ WAKE
- ☐ WEATHER (HEAVY)
- ☐ NO PROPER LOOKOUT
- ☐ OFF-THROTTLE STEERING
- ☐ NAVIGATION AID MISSING
- ☐ NAVIGATION AID NOT PERFORMING PROPERLY

SPECIFY "EQUIPMENT FAILURE"

- ☐ AUXILIARY EQUIPMENT FAILURE
- ☐ COMMUNICATION EQUIPMENT FAILURE
- ☐ FIRE EXTINGUISHER NOT SERVICEABLE
- ☐ SAIL DISMASTING
- ☐ SEAT BROKE LOOSE
- ☐ SOUND PRODUCING EQUIPMENT FAILURE
- ☐ VISUAL DISTRESS SIGNALS FAILED

SPECIFY "MACHINERY FAILURE"

- ☐ ELECTRIC SYSTEM FAILURE
- ☐ ENGINE FAILURE
- ☐ FUEL SYSTEM FAILURE
- ☐ SHIFT FAILURE
- ☐ STEERING SYSTEM FAILURE
- ☐ THROTTLE FAILURE
- ☐ VENTILATION SYSTEM FAILURE

ACCIDENT DESCRIPTORS

☐ BOAT FOUND CAPSIZED
☐ BOAT STRUCK BY LIGHTNING
☐ BOAT FOUND UPRIGHT, DRIFTING, OCCUPANTS DISAPPEARED
☐ COLLISION WITH COMMERCIAL VESSEL
☐ VICTIM STRUCK BY BOOM
☐ VICTIM ENTANGLED IN LINES
☐ PARASAILING ACCIDENT
☐ RUNAWAY BOAT

ESTIMATED NUMBER OF DAYS VESSEL USED THIS YEAR: | **TYPICAL NUMBER OF HOURS VESSEL USED EACH DAY THIS YEAR:**

TYPICAL NUMBER OF PERSONS (INCLUDING YOURSELF/OPERATOR) ON BOARD VESSEL EACH DAY THIS YEAR:

OTHER PEOPLE ON BOARD THIS VESSEL (IF MORE THAN 2 PEOPLE, ATTACH ADDITIONAL FORMS)

NAME	LAST:	FIRST:	MIDDLE INITIAL:
ADDRESS	STREET:	CITY:	
DATE OF BIRTH: ☐ MALE ☐ FEMALE		STATE:	ZIP:
WAS PFD WORN ☐ YES ☐ NO	PFD WORN PRIOR TO ACCIDENT ☐ YES ☐ NO	PFD WORN AS A RESULT OF ACCIDENT ☐ YES ☐ NO	WAS PFD WORN INFLATABLE ☐ YES ☐ NO

NAME	LAST:	FIRST:	MIDDLE INITIAL
ADDRESS	STREET:	CITY:	
DATE OF BIRTH: ☐ MALE ☐ FEMALE		STATE:	ZIP:
WAS PFD WORN ☐ YES ☐ NO	PFD WORN PRIOR TO ACCIDENT ☐ YES ☐ NO	PFD WORN AS A RESULT OF ACCIDENT ☐ YES ☐ NO	WAS PFD WORN INFLATABLE ☐ YES ☐ NO

IF TWO (2) OR MORE VESSELS WERE INVOLVED – DID THE OPERATOR (S) OF THE VESSEL (S) FILE A REPORT ☐ **YES** ☐ **NO**

VESSEL B (SECOND VESSEL – EACH OPERATOR IS REQUIRED TO FILE A SEPARATE REPORT)

OPERATOR NAME	LAST:	FIRST:	MIDDLE INITIAL:
VESSEL REGISTRATION NUMBER:		STATE:	
PROPERTY DAMAGE FOR THIS VESSEL (S) AND CONTENTS $		DESCRIBE PROPERTY DAMAGE_____	

WITNESSES NOT ON THIS VESSEL (IF MORE THAN 2 LIST ON SEPARATE SHEET)

NAME	LAST:	FIRST:	PHONE NO. (____)_____ ____	
ADDRESS	STREET:	CITY:	STATE:	ZIP:
NAME	LAST:	FIRST:	PHONE NO. (____)_____ ____	
ADDRESS	STREET:	CITY:	STATE:	ZIP:

PERSON COMPLETING REPORT

NAME	LAST:	FIRST:	PHONE NO. (____)_____ ____	
ADDRESS	STREET:	CITY:	STATE:	ZIP:

STATUS OF PERSON COMPLETING REPORT ☐ OPERATOR ☐ OWNER ☐ INVESTIGATOR ☐ OTHER (SPECIFY)

SIGNATURE: | **DATE SUBMITTED:**

FOR AGENCY USE ONLY

CAUSES BASED ON (CHECK ONE) ☐ THIS REPORT ☐ INVESTIGATION ☐ INVESTIGATION AND THIS REPORT ☐ OTHER (SPECIFY)

NAME OF REVIEWING STATE REPORTING AUTHORITY : MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE, BUREAU OF WARDEN SERVICE, 8 FEDERAL ST, AUGUSTA, ME 04330 | DATE RECEIVED / DATE REVIEWED

INVESTIGATOR'S NAME	LAST:	FIRST:	PHONE NO. (____)_____ ____
PRIMARY CAUSE:	**SECONDARY CAUSE:**	**TERTIARY CAUSE**	

ACCIDENT DESCRIPTION

DESCRIBE WHAT HAPPENED (SEQUENCE OF EVENTS) AND CONTRIBUTING FACTORS. INCLUDE FAILURE OF MACHINERY OR EQUIPMENT. INCLUDE A DIAGRAM AND 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 PERSONAL FLOATATION DEVICES (PFDS).

PLEASE DO NOT LIST ANY PERSONAL IDENTIFIERS IN THIS SECTION -- SUCH AS NAMES OF INDIVIDUALS, TELEPHONE NUMBERS, STREET ADDRESSES, ETC. REFER TO INDIVIDUALS AS OPERATOR A, OPERATOR B, VICTIM 1, VICTIM 2, ETC. AND TO THE VESSEL(S) INVOLVED AS VESSEL A, VESSEL B, ETC.

FOR EXAMPLE: OPERATOR OF VESSEL (A) DID NOT HAVE A PROPER LOOKOUT AND RAN INTO VESSEL (B) INJURING VICTIMS (1) AND (2) ON VESSEL (B).

INJURED VICTIMS (IF MORE THAN 2 INJURIES, ATTACH ADDITIONAL FORMS)

VICTIM 1 NAME	LAST:	FIRST:	MIDDLE INITIAL:
ADDRESS OF VICTIM 1	STREET:	CITY:	
AGE OF VICTIM	**DATE OF BIRTH:**	STATE:	ZIP:

MEDICAL TREATMENT BEYOND FIRST AID? ☐ YES ☐ NO

ADMITTED TO HOSPITAL? ☐ YES ☐ NO

WAS PFD WORN? ☐ YES ☐ NO

PRIOR TO ACCIDENT? ☐ YES ☐ NO

AS A RESULT OF ACCIDENT? ☐ YES ☐ NO

PFD WORN WAS ☐ INHERENTLY BUOYANT ☐ INFLATABLE

ALCOHOL USE APPARENT

☐ NO ☐ YES BAC_____

TYPE OF PFD WORN

☐ TYPE I
☐ TYPE II
☐ TYPE III
☐ TYPE V

USCG PFD APPROVAL NUMBER

160._____

INJURY CAUSED BY (CHECK ALL THAT APPLY)

IMPACT WITH VESSEL	☐ YES	☐ NO
IMPACT WITH WATER	☐ YES	☐ NO
IMPACT WITH FIXED / FLOATING OBJECT	☐ YES	☐ NO
STRUCK BY VESSEL	☐ YES	☐ NO
STRUCK BY PROPULSION SYSTEM	☐ YES	☐ NO
EXPOSURE TO ELEMENTS	☐ YES	☐ NO

INJURED STATUS

☐ OPERATOR ☐ PASSENGER ☐ SWIMMER ☐ WATER SKIER

TYPE OF INJURY (CHECK ALL THAT APPLY)

	PRIMARY	SECONDARY
AMPUTATION	☐	☐
BACK INJURY	☐	☐
BROKEN BONE(S)	☐	☐
BURNS	☐	☐
CARBON MONOXIDE POISONING	☐	☐
CONTUSION	☐	☐
DISLOCATION	☐	☐
ELECTROCUTION	☐	☐
HEAD INJURY	☐	☐
HYPOTHERMIA	☐	☐
INTERNAL INJURIES	☐	☐
LACERATION	☐	☐
NECK INJURY	☐	☐
SHOCK	☐	☐
SPINAL INJURY	☐	☐
SPRAIN / STRAIN	☐	☐
TEETH	☐	☐

VICTIM 2 NAME	LAST:	FIRST:	MIDDLE INITIAL:
ADDRESS OF VICTIM 2	STREET:	CITY:	
AGE OF VICTIM	**DATE OF BIRTH:**	STATE:	ZIP:

MEDICAL TREATMENT BEYOND FIRST AID? ☐ YES ☐ NO

ADMITTED TO HOSPITAL? ☐ YES ☐ NO

WAS PFD WORN? ☐ YES ☐ NO

PRIOR TO ACCIDENT? ☐ YES ☐ NO

AS A RESULT OF ACCIDENT? ☐ YES ☐ NO

PFD WORN WAS ☐ INHERENTLY BUOYANT ☐ INFLATABLE

ALCOHOL USE APPARENT

☐ NO ☐ YES BAC_____

TYPE OF PFD WORN

☐ TYPE I
☐ TYPE II
☐ TYPE III
☐ TYPE V

USCG PFD APPROVAL NUMBER

160._____

INJURY CAUSED BY (CHECK ALL THAT APPLY)

IMPACT WITH VESSEL	☐ YES	☐ NO
IMPACT WITH WATER	☐ YES	☐ NO
IMPACT WITH FIXED / FLOATING OBJECT	☐ YES	☐ NO
STRUCK BY VESSEL	☐ YES	☐ NO
STRUCK BY PROPULSION SYSTEM	☐ YES	☐ NO
EXPOSURE TO ELEMENTS	☐ YES	☐ NO

INJURED STATUS

☐ OPERATOR ☐ PASSENGER ☐ SWIMMER ☐ WATER SKIER

TYPE OF INJURY (CHECK ALL THAT APPLY)

	PRIMARY	SECONDARY
AMPUTATION	☐	☐
BACK INJURY	☐	☐
BROKEN BONE(S)	☐	☐
BURNS	☐	☐
CARBON MONOXIDE POISONING	☐	☐
CONTUSION	☐	☐
DISLOCATION	☐	☐
ELECTROCUTION	☐	☐
HEAD INJURY	☐	☐
HYPOTHERMIA	☐	☐
INTERNAL INJURIES	☐	☐
LACERATION	☐	☐
NECK INJURY	☐	☐
SHOCK	☐	☐
SPINAL INJURY	☐	☐
SPRAIN / STRAIN	☐	☐
TEETH	☐	☐

DECEASED VICTIMS (IF MORE THAN 2 FATALITIES, ATTACH ADDITIONAL FORMS)

VICTIM 1 NAME LAST: | FIRST: | MIDDLE INITIAL:

ADDRESS OF VICTIM 1 STREET: | CITY:

AGE OF VICTIM | **DATE OF BIRTH** | STATE: | ZIP:

ALCOHOL USE APPARENT ☐ NO ☐ YES BAC _____ | DRUG USE APPARENT ☐ NO ☐ YES TYPE _____

CAUSE OF DEATH
- ☐ CARBON MONOXIDE POISONING
- ☐ DROWNING
- ☐ HYPOTHERMIA
- ☐ TRAUMA
- ☐ ELECTROCUTION
- ☐ OTHER (SPECIFY)

VICTIM STRUCK BY VESSEL ☐ YES ☐ NO

VICTIM STRUCK BY PROPULSION UNIT ☐ YES ☐ NO

DISAPPEARANCE ☐ **YES** ☐ NO

DECEASED STATUS
- ☐ OPERATOR ☐ OTHER (SPECIFY)
- ☐ PASSENGER
- ☐ SWIMMER
- ☐ WATER SKIER

VICTIM ACTIVITY
- ☐ FISHING
- ☐ HUNTING
- ☐ SCUBA DIVING / SNORKLING
- ☐ SWIMMING
- ☐ TUBING
- ☐ WATER SKIING
- ☐ OTHER (SPECIFY)

PFD WORN
☐ YES ☐ NO

PFD WORN WAS
- ☐ INHERENTLY BUOYANT
- ☐ INFLATABLE

PFD USED – BUT NOT WORN
- ☐ YES TYPE _____
- ☐ NO

PFD WAS NOT WORN AND NOT USED
- ☐ YES ☐ NO
- ☐ UNKNOWN

TYPE OF PFD WORN
- ☐ TYPE I
- ☐ TYPE II
- ☐ TYPE III
- ☐ TYPE V

PFD PERFORMANCE
- ☐ SUCCESSFUL
- ☐ FAILED
- ☐ IMPROPER WEAR / USE

COMMENTS

USCG PFD APPROVAL NUMBER
160._____

PHYSICAL CONDITION
- ☐ UNKNOWN ☐ NORMAL ☐ ILL ☐ HANDICAPPED
- ☐ UNDER INFLUENCE OF ALCOHOL / DRUGS
- ☐ OTHER (SPECIFY) –

VICTIM SWIMMING ABILITY
- ☐ YES
- ☐ NO
- ☐ UNKNOWN

VICTIM 2 NAME LAST: | FIRST: | MIDDLE INITIAL

ADDRESS OF VICTIM 2 STREET: | CITY:

AGE OF VICTIM: | **DATE OF BIRTH:** | STATE: | ZIP:

ALCOHOL USE APPARENT ☐ NO ☐ YES BAC _____ | DRUG USE APPARENT ☐ NO ☐ YES TYPE _____

CAUSE OF DEATH
- ☐ CARBON MONOXIDE POISONING
- ☐ DROWNING
- ☐ HYPOTHERMIA
- ☐ TRAUMA
- ☐ ELECTROCUTION
- ☐ OTHER (SPECIFY)

VICTIM STRUCK BY VESSEL ☐ YES ☐ NO

VICTIM STRUCK BY PROPULSION UNIT ☐ YES ☐ NO

DISAPPEARANCE ☐ **YES** ☐ **NO**

DECEASED STATUS
- ☐ OPERATOR ☐ OTHER (SPECIFY)
- ☐ PASSENGER
- ☐ SWIMMER
- ☐ WATER SKIER

VICTIM ACTIVITY
- ☐ FISHING
- ☐ HUNTING
- ☐ SCUBA DIVING / SNORKELING
- ☐ SWIMMING
- ☐ TUBING
- ☐ WATER SKIING
- ☐ OTHER (SPECIFY)

PFD WORN
☐ YES ☐ NO

PFD WORN WAS
- ☐ INHERENTLY BUOYANT
- ☐ INFLATABLE

PFD USED – BUT NOT WORN
- ☐ YES TYPE _____
- ☐ NO

PFD WAS NOT WORN AND NOT USED
- ☐ YES ☐ NO
- ☐ UNKNOWN

TYPE OF PFD WORN
- ☐ TYPE I
- ☐ TYPE II
- ☐ TYPE III
- ☐ TYPE V

PFD PERFORMANCE
- ☐ SUCCESSFUL
- ☐ FAILED
- ☐ IMPROPER WEAR / USE

COMMENTS:

USCG PFD APPROVAL NUMBER
160._____

PHYSICAL CONDITION
- ☐ UNKNOWN ☐ NORMAL ☐ ILL ☐ HANDICAPPED
- ☐ UNDER INFLUENCE OF ALCOHOL / DRUGS
- ☐ OTHER (SPECIFY) –

VICTIM SWIMMING ABILITY
- ☐ YES
- ☐ NO
- ☐ UNKNOWN