

# BOATING ACCIDENT REPORT

*The operator of every vessel involved in a boating accident is required to file a written report in duplicate whenever a boating accident results in loss of life, loss of consciousness, medical treatment, or disability in excess of 24 hours or property damage in excess of \$500.00. Reports in death and injury cases must be made within 48 hours; reports in other cases are required within 5 days. All reports shall be submitted to the Nebraska Game and Parks Commission, PO Box 30370, Lincoln, NE 68503-0370. Any person failing to comply with these requirements is subject to a fine of \$100.00.*

<b>ACCIDENT DATA</b>				<b>Accident No.</b>							
DATE OF ACCIDENT		TIME a.m. p.m.		NAME OF BODY OF WATER		LOCATION (Be precise)					
STATE				NEAREST TOWN		COUNTY					
<b>VESSEL NO. 1</b> <small>YOUR BOAT NAME</small>		BOAT NUMBER		HULL I.D. NO.		<b>VESSEL NO. 2</b> <small>OTHER BOAT NAME</small>					
OPERATOR LAST FIRST MIDDLE PHONE NO.		ADDRESS STREET OR RFD CITY AND STATE ZIP CODE		DATE OF BIRTH AGE SEX		OPERATOR LAST FIRST MIDDLE PHONE NO.					
ADDRESS		DATE OF BIRTH		AGE		SEX					
<b>OPERATOR'S EXPERIENCE</b>		<b>FORMAL INSTRUCTION IN BOATING SAFETY</b>		<b>OPERATOR'S EXPERIENCE</b>		<b>FORMAL INSTRUCTION IN BOATING SAFETY</b>					
<input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 101 to 500 hours <input type="checkbox"/> Over 500 hours		<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> State <input type="checkbox"/> Other (Indicate) _____		<input type="checkbox"/> Under 20 hours <input type="checkbox"/> 20 to 100 hours <input type="checkbox"/> 101 to 500 hours <input type="checkbox"/> Over 500 hours		<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> State <input type="checkbox"/> Other (Indicate) _____					
LENGTH OF BOAT		MAKE OF BOAT		LENGTH OF BOAT		MAKE OF BOAT					
YEAR BOAT BUILT		MODEL OF BOAT		YEAR BOAT BUILT		MODEL OF BOAT					
BEAM WIDTH		DEPTH OF TRANSOM TO KEEL		BEAM WIDTH		DEPTH OF TRANSOM TO KEEL					
<b>TYPE OF BOAT</b>				<b>TYPE OF BOAT</b>							
<input type="checkbox"/> Air boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Inflatable Boat				<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail (Only)							
<input type="checkbox"/> Paddlecraft: <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Standup Paddleboard <input type="checkbox"/> Other _____				<input type="checkbox"/> Paddlecraft: <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Standup Paddleboard <input type="checkbox"/> Other _____							
<b>HULL MATERIAL</b>		<b>FUEL</b>		<b>ENGINE DRIVE</b>		<b>PROPULSION</b>					
<input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ Total Horsepower: _____		<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Stern Drive <input type="checkbox"/> Pod Drive <input type="checkbox"/> No Engine <input type="checkbox"/> Other _____		<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other _____					
NUMBER PERSONS ON BOARD (INCLUDE SKIERS): _____ RENTED BOAT: <input type="checkbox"/> Yes <input type="checkbox"/> No				NUMBER PERSONS ON BOARD (INCLUDE SKIERS): _____ RENTED BOAT: <input type="checkbox"/> Yes <input type="checkbox"/> No							
OWNER'S NAME, ADDRESS, TELEPHONE NUMBER:				OWNER'S NAME, ADDRESS, TELEPHONE NUMBER:							
ESTIMATED DAMAGE \$ _____ VESSEL #1 _____ DESCRIBE DAMAGE TO VESSEL #1 _____				ESTIMATED DAMAGE \$ _____ VESSEL #2 _____ DESCRIBE DAMAGE TO VESSEL #2 _____							
<b>WEATHER</b>		<b>WATER CONDITIONS</b>		<b>TEMPERATURE</b>		<b>WIND</b>					
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Hazy <b>WEATHER FORECAST REPORT</b> <input type="checkbox"/> Available <input type="checkbox"/> Used		<input type="checkbox"/> Calm (Waves less than 6") <input type="checkbox"/> Choppy (Waves 6"-2') <input type="checkbox"/> Rough (Waves over 2'-6") <input type="checkbox"/> Very Rough (Greater than 6") <input type="checkbox"/> Strong Current		(ESTIMATE) Air _____ F. Water _____ F.		<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>VISIBILITY</b>		DAY		NIGHT							
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor											
<b>OPERATION AT TIME OF ACCIDENT</b> (Check all that apply - Boat 1 and 2)				<b>TYPE OF ACCIDENT</b>				<b>WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT?</b> (Check all that apply - Boat 1 and 2)			
#1 #2		#1 #2		#1 #2		#1 #2		#1 #2		#1 #2	
<input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed		<input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skin Diving/Swimming <input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion (Fuel) <input type="checkbox"/> Fire or Explosion (Other Than Fuel) <input type="checkbox"/> Collision with Vessel		<input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Fallen Skier <input type="checkbox"/> Other _____		<input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Hazardous Waters		<input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Other (Specify) _____	
<b>Equipment failure that caused or contributed to accident:</b>											

**COMPLETE REVERSE SIDE**

**OTHER PROPERTY DAMAGE INFORMATION**

NAME & ADDRESS OF OWNER OF DAMAGED PROPERTY	Estimated Amount \$ _____	DESCRIBE PROPERTY DAMAGE
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**FLOTATION DEVICES — LIFE JACKETS**

**FIRE EXTINGUISHERS**

Was your boat properly equipped with USCG-approved flotation devices/life jackets? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they worn/used at the time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Specify: _____ Include comments about PFD's or life jackets under ACCIDENT DESCRIPTION.	Were life jackets: Properly adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Properly sized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your vessel carrying NON-approved flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES" indicate kind of device: _____
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Were fire extinguishers used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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**DECEASED or DISAPPEARED...If more than (3) fatalities, use addition form(s).**

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSE BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSE BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSE BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____

**INJURED...If more than (3) persons injured, use addition form(s).**

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSE BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____
<b>What was the nature and extent of the injury?</b>					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSE BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____
<b>What was the nature and extent of the injury?</b>					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM <input type="checkbox"/> Swimmer <input type="checkbox"/> Non-swimmer	DEATH CAUSE BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other DISAPPEARED <input type="checkbox"/>	Was life jacket worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What type? _____
<b>What was the nature and extent of the injury?</b>					

**ACCIDENT DESCRIPTION**

DESCRIBE WHAT HAPPENED (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.)

**WITNESSES**

NAME	ADDRESS	TELEPHONE Home: Business:
NAME	ADDRESS	TELEPHONE Home: Business:
NAME	ADDRESS	TELEPHONE Home: Business:

**PERSON COMPLETING REPORT**

NAME <b>X</b>	ADDRESS	TELEPHONE Home: Business:
QUALIFICATION: <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other		DATE SUBMITTED:

**FOR REPORTING AUTHORITY REVIEW — Do Not Use — Use Agency Date Stamp**

Causes based on (check one) <input type="checkbox"/> This Report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	Name of Reviewing Office <span style="float: right;">Date Received</span>
Primary Cause of Accident	Reviewed by
Secondary Cause of Accident	