


DECEASED	Name of Victim		<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Victim		<input type="checkbox"/> Male <input type="checkbox"/> Female
	Address of Victim				Address of Victim	
	Date of Birth / /	Cause of Death <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was PFD Worn?	Date of Birth / /	Cause of Death <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Disappearance
INJURIES	Name of Victim		Date of Birth / /	Name of Victim		Date of Birth / /
	Address of Victim				Address of Victim	
	Medical treatment Beyond First Aid?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical treatment Beyond First Aid?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Admitted to Hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Admitted to Hospital?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe Injury			Describe Injury		
Was a PFD Worn?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a PFD Worn?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior to the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior to the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
As a Result of the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	As a Result of the Accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the PFD Inflatable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the PFD Inflatable?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Damage This Boat \$ _____ Estimated Amount: Other Boat(s) \$ _____ Other Property \$ _____			Describe Property Damaged			
OTHER VESSEL	Name of Operator		Operator Address			
	Operator Phone #		Registration/ Document #	State	Owner Phone #	
	Owner		Owner Address			
	Sequence of events. Continue on additional sheets if necessary. Include any information regarding the involvement of drugs or alcohol in causing or contributing to the accident. Please include any descriptive information regarding the use of PFD's.					
ACCIDENT DESCRIPTION					Diagram 	
WITNESSES	Name		Address		Phone #	
	Name		Address		Phone #	
	Name		Address		Phone #	
Name & Address of Person Completing Report					Phone #	
Signature					Date Submitted	
<input type="checkbox"/> Operator <input type="checkbox"/> Investigator <input type="checkbox"/> Owner <input type="checkbox"/> Other						
OPRHP USE ONLY		Primary Cause			Date Reviewed	
		<input type="checkbox"/> This report <input type="checkbox"/> Both <input type="checkbox"/> Investigation <input type="checkbox"/> Undetermined				



BOATING ACCIDENT REPORT

The operator/owner of a recreational vessel is required to report in writing whenever an accident results in the loss of life, disappearance from the vessel, injury requiring treatment beyond first aid, or property damage in excess in \$500 or the complete loss of a vessel. Cases of death or injury must be reported to local police immediately and to OPRHP within 48 hours. All other accidents must be reported within 5 days of the occurrence. Reports can be mailed to OPRHP, Empire State Plaza, Agency Building 1, Albany, NY 12238. Phone 518/474-0445



ACCIDENT DATA	Date of Accident		Time	am pm	Waterway	Nearest City/Town		
	# of Vessels	Location			County		State	
	Weather		Water Conditions		Temperatures (estimate)	Wind		Visibility
	<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Calm (waves < 6")	<input type="checkbox"/> Choppy (6" - 2')	Air _____ f	<input type="checkbox"/> None	<input type="checkbox"/> Light (0-6mph)	Day <input type="checkbox"/> Good <input type="checkbox"/> Night
	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snow	<input type="checkbox"/> Rough (2' - 6')	<input type="checkbox"/> Very Rough (waves > 6')	Water _____ f	<input type="checkbox"/> Moderate (7-14)	<input type="checkbox"/> Strong (15-25)	<input type="checkbox"/> Fair <input type="checkbox"/>
	<input type="checkbox"/> Fog	<input type="checkbox"/> Haze	<input type="checkbox"/> Strong Current			<input type="checkbox"/> Storm (over 25 mph)		<input type="checkbox"/> Poor <input type="checkbox"/>
	Operator Name			Male <input type="checkbox"/>	Female <input type="checkbox"/>	Operator Phone Number	Age	Date of Birth
Operator Address			Formal Instruction		Operator's Experience			
			<input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary		<input type="checkbox"/> None			
			<input type="checkbox"/> State Course <input type="checkbox"/> Am.. Red Cross		<input type="checkbox"/> Under 100 Hours			
			<input type="checkbox"/> U.S. Power Squadron		<input type="checkbox"/> 100 Hours or More			
Owner Name			Owner Address					
Owner Phone Number			# of People on Board	# of People Being Towed	Rented Boat?			
[]					[] Yes [] No			
VESSEL #1	Registration/Document #		State	Hull Identification Number		Vessel Name		
	Manufacturer		Model		Length	Year Built		
	Type of Boat		Hull Material		Engine	Propulsion	Personal Flotation Devices	
	<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Wood	<input type="checkbox"/> Outboard		<input type="checkbox"/> Propeller	Was the boat adequately equipped with USCG APPROVED PFD's?		
	<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Inboard		<input type="checkbox"/> Water Jet	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> Steel	<input type="checkbox"/> Inboard/Stern Drive		<input type="checkbox"/> Air Thrust	Were the PFD's Accessible?		
	<input type="checkbox"/> Sail (only)	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Airboat		<input type="checkbox"/> Manual	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Rowboat	<input type="checkbox"/> Rubber/Vinyl/Canvas	Fuel		# of Engines		Fire Extinguishers		
<input type="checkbox"/> Canoe/Kayak	<input type="checkbox"/> Rigid Hull Inflatable	<input type="checkbox"/> Gasoline				On Board? <input type="checkbox"/> Yes		
<input type="checkbox"/> Personal Watercraft	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Diesel		Horsepower		<input type="checkbox"/> No		
<input type="checkbox"/> Pontoon Boat		<input type="checkbox"/> Electric				Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Houseboat								
<input type="checkbox"/> Other (specify)								
Operation (check all applicable)		Activity (check all applicable)		Type of Accident		Causes (check all applicable)		
<input type="checkbox"/> Cruising		<input type="checkbox"/> Fishing		<input type="checkbox"/> Grounding		<input type="checkbox"/> Alcohol Use		
<input type="checkbox"/> Changing Direction		<input type="checkbox"/> Tournament		<input type="checkbox"/> Capsizing		<input type="checkbox"/> Congested Waters		
<input type="checkbox"/> Changing Speed		<input type="checkbox"/> Hunting		<input type="checkbox"/> Flooding/Swamping		<input type="checkbox"/> Dam/Lock		
<input type="checkbox"/> Drifting		<input type="checkbox"/> Swimming/Diving		<input type="checkbox"/> Sinking		<input type="checkbox"/> Drug Use		
<input type="checkbox"/> Towing		<input type="checkbox"/> Making Repairs		<input type="checkbox"/> Fire/Explosion (fuel)		<input type="checkbox"/> Equipment Failure		
<input type="checkbox"/> Being Towed		<input type="checkbox"/> Waterskiing/Tubing/Etc.		<input type="checkbox"/> Fire/Explosion (other)		<input type="checkbox"/> Excessive Speed		
<input type="checkbox"/> Rowing/Paddling		<input type="checkbox"/> Racing		<input type="checkbox"/> Skier Mishap		<input type="checkbox"/> Hazardous Waters		
<input type="checkbox"/> Sailing		<input type="checkbox"/> Whitewater Sports		<input type="checkbox"/> Collision w/Vessel		<input type="checkbox"/> Hull Failure		
<input type="checkbox"/> Launching		<input type="checkbox"/> Fueling		<input type="checkbox"/> Collision w/Fixed Object		<input type="checkbox"/> Improper Loading		
<input type="checkbox"/> Docking/Undocking		<input type="checkbox"/> Starting Engine		<input type="checkbox"/> Collision w/Floating Object		<input type="checkbox"/> Machinery Failure		
<input type="checkbox"/> At Anchor		<input type="checkbox"/> Non-recreational		<input type="checkbox"/> Falls Overboard		<input type="checkbox"/> No Skier Lookout		
<input type="checkbox"/> Tied to Dock/Moored		<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Falls in Boat		<input type="checkbox"/> Operator Inexperience		
<input type="checkbox"/> Other (specify)				<input type="checkbox"/> Struck by Boat		<input type="checkbox"/> Operator Inattention		
				<input type="checkbox"/> Struck by Propeller		<input type="checkbox"/> Overloading		
				<input type="checkbox"/> Struck Submerged Object		<input type="checkbox"/> Passenger/Skier Behavior		
				<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Poor Visibility		
Estimated Speed						<input type="checkbox"/> Reckless Operation		
<input type="checkbox"/> Not Moving		<input type="checkbox"/> Under 10 mph		<input type="checkbox"/> 10-20 mph		<input type="checkbox"/> Submerged Object		
<input type="checkbox"/> 21 - 40 mph		<input type="checkbox"/> Over 40 mph				<input type="checkbox"/> Weather		
						<input type="checkbox"/> Other (specify)		
LEGAL STATEMENT: The Office of parks, Recreation & Historic Preservation is authorized to collect this information by Chapter 140 of the Laws of 1970 and Section 47 of the Navigation Law. It will be used for statistical purposes and will be forwarded to the US Coast Guard pursuant to federal regulations. Failure to provide the requested information may subject you to legal sanction. This information will be maintained by the Director of Marine & Recreational Vehicles, OPRHP, Agency Bldg. #1, Empire State Plaza, Albany, NY 12238, 518/474-0445. This information may be disclosed pursuant to the Freedom of Information Law.						Hit & Run? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Case Number: _____