

**BOATING INCIDENT REPORT**  
**PREVIOUS EDITIONS ARE OBSOLETE**  
 Revised 08/2023

STATE OF CONNECTICUT  
 DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION  
 BUREAU OF OUTDOOR RECREATION  
**BOATING DIVISION**



POLICE DEPARTMENT NAME AND CASE NO. (If any)

P.O. BOX 280, OLD LYME CT 06371-0280  
 E-mail: [deep.boating@ct.gov](mailto:deep.boating@ct.gov)

The operator of a vessel is required to file a report in writing within 48 hours whenever an accident results in loss of life, disappearance from a vessel or injury which requires medical attention beyond first aid. If total damage to all property is in excess of \$500, a report must be filed within 5 days. Reports shall be submitted to the Commissioner, Department of Energy and Environmental Protection at the above address. If the operator is unable to report the accident, the boat owner or survivor of the accident should prepare the report. Any person violating these requirements is subject to the penalties prescribed by law.

**YOUR VESSEL INFORMATION (Vessel # 1) COMPLETE ALL BLOCKS (Indicate those not applicable by "N/A")**

NAME AND ADDRESS OF OPERATOR		AGE	DATE OF BIRTH	GENDER		OPERATOR'S EXPERIENCE ON THIS VESSEL			OPERATOR'S FORMAL BOATING INSTRUCTION (Check all that apply)	
				<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> Under 20 hours	<input type="checkbox"/> 100 to 500 hours	<input type="checkbox"/> 20 to 100 hours		
E-MAIL		OPERATOR'S PHONE NUMBER			OPERATOR'S EXPERIENCE ON OTHER VESSELS			<input type="checkbox"/> None <input type="checkbox"/> State Course <input type="checkbox"/> USCG Aux. Course <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown		
		OPERATOR'S SAFE BOATING OR PWC CERTIFICATE #			<input type="checkbox"/> Under 20 hours	<input type="checkbox"/> 100 to 500 hours	<input type="checkbox"/> 20 to 100 hours			<input type="checkbox"/> Over 500 hours
NAME AND ADDRESS OF OWNER <input type="checkbox"/> SAME AS ABOVE				RENTED BOAT?	NUMBER OF PEOPLE ONBOARD		NUMBER OF PEOPLE BEING TOWED <i>ex. skier, tuber</i>			
<input type="checkbox"/> Y	<input type="checkbox"/> N									

REGISTRATION NUMBER	STATE	MAKE	MODEL & YEAR	HULL IDENTIFICATION NUMBER	BOAT NAME					
TYPE OF VESSEL		HULL MATERIAL		ENGINE TYPE	PROPULSION	ENGINES	LENGTH	BEAM (Width)	DEPTH FROM TRANSOM TO KEEL	
<input type="checkbox"/> Air Boat	<input type="checkbox"/> Paddlecraft	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Inboard	<input type="checkbox"/> Propeller	No. _____	Total HP _____	ft.	ft.	ft.	
<input type="checkbox"/> Auxiliary Sail	<input type="checkbox"/> PWC	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Outboard	<input type="checkbox"/> Manual						
<input type="checkbox"/> Cabin Motorboat	<input type="checkbox"/> Pontoon Boat	<input type="checkbox"/> Rubber/Vinyl/Canvas	<input type="checkbox"/> Pod Drive	<input type="checkbox"/> Water Jet	FUEL TYPE		<input type="checkbox"/> Gasoline	<input type="checkbox"/> Electric		
<input type="checkbox"/> Houseboat	<input type="checkbox"/> Rowboat	<input type="checkbox"/> Plastic	<input type="checkbox"/> Sterndrive	<input type="checkbox"/> Sail	<input type="checkbox"/> Diesel	<input type="checkbox"/> Other				
<input type="checkbox"/> Inflatable Boat	<input type="checkbox"/> Sail ONLY	<input type="checkbox"/> Steel	<input type="checkbox"/> Other	<input type="checkbox"/> Air Thrust						
<input type="checkbox"/> Open Motorboat	<input type="checkbox"/> Other	<input type="checkbox"/> Wood		<input type="checkbox"/> Other						
		<input type="checkbox"/> Other								

**SAFETY EQUIPMENT ON VESSEL**

PERSONAL FLOTATION DEVICES	Were They USCG approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	HAS VESSEL HAD A VESSEL SAFETY CHECK WITHIN THE PAST YEAR?
Number of Life Jackets Onboard: _____	Were They Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Were They Accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Given A VSC Sticker? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRE EXTINGUISHERS	Were They Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ORGANIZATION THAT CONDUCTED THE VESSEL SAFETY CHECK
Number of Fire Extinguishers and Type: _____			<input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadrons <input type="checkbox"/> DEEP <input type="checkbox"/> Other _____

**ACCIDENT DETAILS**

DATE OF ACCIDENT	TIME	# VESSELS INVOLVED	NAME OF WATER BODY	EXACT LOCATION <i>If possible, provide Latitude and Longitude</i>	NEAREST TOWN	
	<input type="checkbox"/> AM <input type="checkbox"/> PM					
WEATHER CONDITIONS	WAVE CONDITIONS	WIND	VISIBILITY	EST. AIR TEMP	STRONG CURRENT?	WEATHER ENCOUNTERED?
<input type="checkbox"/> Clear <input type="checkbox"/> Raining	<input type="checkbox"/> Calm (Under 6in.)	<input type="checkbox"/> None	<input type="checkbox"/> Good <input type="checkbox"/> Poor	°F	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> was as forecast
<input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy	<input type="checkbox"/> Choppy (6in. - 2ft.)	<input type="checkbox"/> Light (0 - 12 mph)	<input type="checkbox"/> Fair		<input type="checkbox"/> Congested Waters?	<input type="checkbox"/> not as forecast
<input type="checkbox"/> Foggy <input type="checkbox"/> Snowing	<input type="checkbox"/> Rough (2ft. - 6ft.)	<input type="checkbox"/> Moderate (12- 25 mph)	TIME OF DAY	EST. WATER TEMP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> no forecast obtained
<input type="checkbox"/> Other _____	<input type="checkbox"/> Very Rough (over 6ft.)	<input type="checkbox"/> Strong (25- 55 mph)	<input type="checkbox"/> Day <input type="checkbox"/> Night	°F	<input type="checkbox"/> HAZARDOUS WATERS?	<input type="checkbox"/> None
		<input type="checkbox"/> Stormy (over 55 mph)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other _____

ESTIMATED SPEED	OPERATOR/PASSENGER ACTIVITIES (Check all applicable)	ACCIDENT EVENTS (Check all applicable)	CONTRIBUTING FACTORS (check all applicable)
<input type="checkbox"/> 0 - 10 mph <input type="checkbox"/> None	<input type="checkbox"/> Recreational	<input type="checkbox"/> Collision w/ Recreational Vessel	<input type="checkbox"/> Alcohol Use
<input type="checkbox"/> 11 -20 mph	<input type="checkbox"/> Commercial	<input type="checkbox"/> Collision w/ Commercial Vessel	<input type="checkbox"/> Drug Use
<input type="checkbox"/> 21 - 40 mph		<input type="checkbox"/> Collision w/ Fixed Object	<input type="checkbox"/> Hazardous Waters
<input type="checkbox"/> Over 40 mph		<input type="checkbox"/> Collision w/ Floating Object	<input type="checkbox"/> Excessive Speed
OPERATION AT TIME OF ACCIDENT (Check all applicable)	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sinking	<input type="checkbox"/> Improper Anchoring
<input type="checkbox"/> Cruising (underway under power)	<input type="checkbox"/> Hunting	<input type="checkbox"/> Grounding	<input type="checkbox"/> Improper Loading
<input type="checkbox"/> Changing Direction	<input type="checkbox"/> White Water Activity	<input type="checkbox"/> Capsizing	<input type="checkbox"/> Overloading
<input type="checkbox"/> Changing Speed	<input type="checkbox"/> Tubing	<input type="checkbox"/> Flooding	<input type="checkbox"/> Improper Lookout
<input type="checkbox"/> Racing	<input type="checkbox"/> Waterskiing	<input type="checkbox"/> Swamping	<input type="checkbox"/> Operator Inattention
<input type="checkbox"/> Sailing	<input type="checkbox"/> Starting Engine	<input type="checkbox"/> Fire / Explosion (Fuel)	<input type="checkbox"/> Operator Inexperience
<input type="checkbox"/> At Anchor	<input type="checkbox"/> Making Repairs	<input type="checkbox"/> Fire / Explosion (Unk Origin)	<input type="checkbox"/> Language Barrier
<input type="checkbox"/> Tied to Dock / Mooring	<input type="checkbox"/> Relaxing	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Navigation Rules Violation
<input type="checkbox"/> Rowing / Paddling	<input type="checkbox"/> Other: (list) _____	<input type="checkbox"/> Carbon Monoxide Exposure	<input type="checkbox"/> Failure to Vent
<input type="checkbox"/> Drifting		<input type="checkbox"/> Person Struck By Vessel	<input type="checkbox"/> Ignition of Fuel or Vapors
<input type="checkbox"/> Being Towed		<input type="checkbox"/> Person Fell Overboard	<input type="checkbox"/> Congested Waters
<input type="checkbox"/> Towing Another Vessel		<input type="checkbox"/> Sudden Medical Condition	<input type="checkbox"/> Machinery Failure (check applicable below)
<input type="checkbox"/> Launching		<input type="checkbox"/> Person Fell On/Within Vessel	<input type="checkbox"/> Engine
<input type="checkbox"/> Docking / Undocking		<input type="checkbox"/> Towed Watersport Mishap	<input type="checkbox"/> Electrical Sys.
<input type="checkbox"/> Other: (list) _____		<input type="checkbox"/> Person Left Vessel Voluntarily	<input type="checkbox"/> Fuel System
		<input type="checkbox"/> Person Ejected from Vessel	<input type="checkbox"/> Radio
		<input type="checkbox"/> Natural Phenomena	<input type="checkbox"/> Throttle
		<input type="checkbox"/> Person impacts vessel	<input type="checkbox"/> Shift
		<input type="checkbox"/> Person Struck By Propeller/propulsion unit/water jet	<input type="checkbox"/> Sail/Mast
			<input type="checkbox"/> Seats
			<input type="checkbox"/> On-Board Lights
			<input type="checkbox"/> Ventilation
			<input type="checkbox"/> Steering
			<input type="checkbox"/> On-Board Nav. Aids (ex., GPS)
			<input type="checkbox"/> Equipment Failure (check applicable below)
			<input type="checkbox"/> Auxiliary Equipment
			<input type="checkbox"/> Fire Extinguisher
			<input type="checkbox"/> Sound Equip. (ex. horn)
			<input type="checkbox"/> Other: _____

**INJURED / MISSING / DECEASED**

NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL # ___ <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	CAUSE OF INJURY	LOCATION OF INJURY

  

NAME AND ADDRESS OF VICTIM	AGE	D.O.B.	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ONBOARD VESSEL # ___ <input type="checkbox"/> Yes <input type="checkbox"/> No	WAS A PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Treatment Beyond 1st Aid <input type="checkbox"/> Victim Was Hospitalized
	DEATH CAUSED BY: (If applicable) <input type="checkbox"/> Drowning <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			MISSING <input type="checkbox"/> Y <input type="checkbox"/> N	CAUSE OF INJURY	LOCATION OF INJURY

NOTE: If more space is needed to list information concerning Injured / Missing / Deceased persons please attach a separate page.

**PROPERTY DAMAGE**

PROPERTY DAMAGE ESTIMATE	PROPERTY DAMAGE DESCRIPTION
Vessel #1 \$ _____	<input type="checkbox"/> Vessel Was A Complete Loss. \$ _____ Vessel's Value
Vessel #2 \$ _____	
Other Property (not vessel) \$ _____	

**ACCIDENT DESCRIPTION**

DESCRIBE WHAT HAPPENED (Include a sequence of events and what in your opinion caused the accident. Include or attach a diagram if needed. Continue on additional sheets of paper if necessary.)

**ALCOHOL / DRUG USE**

Did the operator consume any alcohol or do drugs before or during the operation of the vessel?  A Little  A Lot  None  Alcohol  Drugs  Both

Did any of the passengers consume any alcohol or do drugs before or during the operation of the vessel?  A Little  A Lot  None  Alcohol  Drugs  Both

Was there any alcohol or drugs onboard during the operation of the vessel?  A Little  A Lot  None  Alcohol  Drugs  Both

If this accident involved more than one vessel, was there any indication that the operator of the other vessel(s) had consumed any alcohol or done drugs?  A Little  A Lot  None  Alcohol  Drugs  Both

**OTHER KEY CONTACT INFORMATION** (If more than 2 vessels / property were involved, please attach a separate sheet of paper with this information.)

<input type="checkbox"/> Other Vessel Operator	<input type="checkbox"/> Other Vessel Owner	<input type="checkbox"/> Owner of other damaged property	<input type="checkbox"/> Passenger on your vessel	<input type="checkbox"/> Witness
NAME AND ADDRESS		PHONE NUMBER & E-MAIL		
		OTHER VESSEL REGISTRATION (if applicable)		

  

<input type="checkbox"/> Other Vessel Operator	<input type="checkbox"/> Other Vessel Owner	<input type="checkbox"/> Owner of other damaged property	<input type="checkbox"/> Passenger on your vessel	<input type="checkbox"/> Witness
NAME AND ADDRESS		PHONE NUMBER & E-MAIL		
		OTHER VESSEL REGISTRATION (if applicable)		

**SIGNATURE**

The information on this form is certified under penalty of false statement to be true and complete.

**X** \_\_\_\_\_ Signature of person completing this report \_\_\_\_\_ Date \_\_\_\_\_ Printed name of person completing this report \_\_\_\_\_

\_\_\_\_\_ Address (Street, Town, State) \_\_\_\_\_ Phone \_\_\_\_\_

INVOLVEMENT:  Operator  Owner  Witness:  Other: \_\_\_\_\_