

DECEASED (Use additional form if needed)

NAME	ADDRESS CITY, ST, ZIP	HOSPITAL TAKEN TO	DEATH CAUSE
BIRTHDATE		CITY	
NAME	ADDRESS CITY, ST, ZIP	HOSPITAL TAKEN TO	DEATH CAUSE
BIRTHDATE		CITY	
NAME	ADDRESS CITY, ST, ZIP	HOSPITAL TAKEN TO	DEATH CAUSE
BIRTHDATE		CITY	

INJURED (Use additional form if needed)

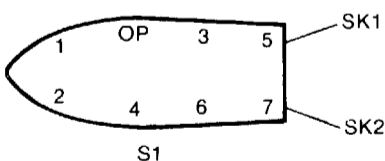

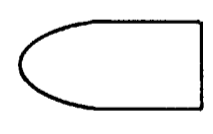

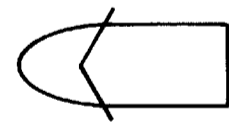
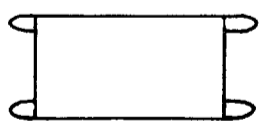
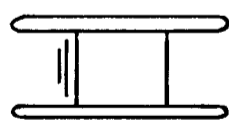
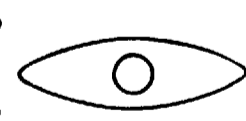

NAME	ADDRESS CITY, ST, ZIP	NATURE OF INJURY	INCAPACITATED OVER 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO
BIRTHDATE	A/C & TEL		
NAME	ADDRESS CITY, ST, ZIP	NATURE OF INJURY	INCAPACITATED OVER 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO
BIRTHDATE	A/C & TEL		
NAME	ADDRESS CITY, ST, ZIP	NATURE OF INJURY	INCAPACITATED OVER 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO
BIRTHDATE	A/C & TEL		

HOSPITAL/S INJURED TAKEN TO	City or Cities
--	-------------------

LIST ALL PASSENGERS ABOARD YOUR BOAT

NAME	ADDRESS	A/C & TEL
1. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
2. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
3. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
4. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
5. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
6. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
7. BIRTHDATE	CITY, ST, ZIP	
NAME	ADDRESS	A/C & TEL
8. BIRTHDATE	CITY, ST, ZIP	

LOCATION OF PASSENGERS, SKIERS, SWIMMERS AT TIME OF THE ACCIDENT

PASSENGER NOS. FROM ABOVE LIST OPERATOR – OP SKIER – SK1, SK2, ETC. SWIMMER – S1, S2, ETC. EXAMPLE: 	COMMON HULL 	HOUSE BOAT 	CANOE 	JET SKI, ETC. 
	PONTOON 	CATAMARAN 	KAYAK 	SAIL BOARD 

OWNER OF ANY DAMAGED PROPERTY OTHER THAN BOATS INVOLVED:

NAME _____

ADDRESS _____

CITY, ST, ZIP _____

A/C & TEL _____

EST. DAMAGE \$ _____

DESCRIBE DAMAGE _____

AGENCY PROVIDING FORM: _____

OFFICER'S NAME _____

COMMENTS _____