

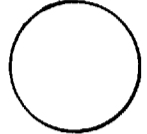
WITNESSES (OTHER THAN PASSENGERS)

NAME	ADDRESS	A/C & TEL
BIRTHDATE	CITY, ST, ZIP	
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ACCIDENT NARRATIVE AND DIAGRAM

1. INDICATE YOUR BOAT AS NO. 1.
2. MAKE DIAGRAM SHOWING DIRECTION OF TRAVEL OF BOAT/S INVOLVED BEFORE, AT AND AFTER IMPACT.
3. EXPLAIN WHAT ACTUALLY OCCURRED.

INDICATE NORTH BY ARROW



SIGNATURE OF PERSON COMPLETING REPORT	ADDRESS	DATE SUBMITTED
QUALIFICATION (Check) <input type="checkbox"/> OPERATOR <input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	CITY, ST, ZIP	A/C & TEL

**BE SURE TO COMPLETE ALL BLOCKS.
SIGN IN SPACE ABOVE & MAIL TO:**

**ARIZONA GAME & FISH DEPT.
2222 WEST GREENWAY ROAD
PHOENIX, ARIZONA 85023**

FORM 2071 REV 81

NOTIFICATION OF BOATING CASUALTY

DATE OF OCCURRENCE	LOCATION
BOAT NUMBER	NAME AND ADDRESS OF <input type="checkbox"/> OWNER <input type="checkbox"/> OPERATOR
OTHER WATERCRAFT INVOLVED <input type="checkbox"/> YES IF YES GIVE NO. <input type="checkbox"/> NO	
TYPE OF CASUALTY: <input type="checkbox"/> FATALITY <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY	A/C & TEL