

Florida Boating Accident Investigation

Forward Copy to: **FWC Boating Safety**
 620 South Meridian Street, Tallahassee, FL 32399-1600
 Questions: Call (850) 488-5600

Agency Case #:

Reporting Agency:
 FWC Police Sheriff FHP Other

Total Number: Fatalities Injuries beyond first aid Missing Persons
 Estimate total property damage \$500 or more

General & Geographic Information: Total Vessels/Swimmers County

Date of Accident Time of Accident (mil) Date/Time LEO Arrived (mil) :

Nearest City Body of Water State Waters Offshore

Exact Location ICW Nearest Marker

Accident Site: Bay/Sound Inlet/Pass Ocean/Gulf Lake/Pond Marsh/Swamp River/Creek Port/Harbor Canal/Cut

Restricted Idle Speed MPH Limit Manatee I.S. Other

Area: Slow Speed Swimming Manatee S.S.

Latitude (Degree) (Min.) (Sec.)

Longitude

Weather: Clear Cloudy Hazy Rain Fog Thunderstorm
 (Check all that apply)

Visibility: Good Fair Poor Dawn Day Dusk Night

Water Conditions: Calm (waves less than 6") Choppy (waves 6' to 2') Rough (waves 2' to 6') Very Rough (larger than 6')

Wind: None Light (0-6 mph) Moderate (7-14 mph) Strong (15-25 mph) Storm (over 25 mph)

Temperature: Air deg F. Water deg F.

Strong Current: River Current Tidal Current

Accident Type: (You may enter a primary, secondary, and tertiary accident type for each vessel/swimmer by placing a 1,2, or 3 in the appropriate box.)

V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
<input type="checkbox"/>	<input type="checkbox"/>	Capsizing	<input type="checkbox"/>	<input type="checkbox"/>	Fall Overboard	<input type="checkbox"/>	<input type="checkbox"/>	Grounding	<input type="checkbox"/>	<input type="checkbox"/>	Struck by boat (person)
<input type="checkbox"/>	<input type="checkbox"/>	Collision with fixed object	<input type="checkbox"/>	<input type="checkbox"/>	Fall on PWC	<input type="checkbox"/>	<input type="checkbox"/>	Sinking	<input type="checkbox"/>	<input type="checkbox"/>	Struck by skeg/prop (person)
<input type="checkbox"/>	<input type="checkbox"/>	Collision with floating object or person	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Explosion (Fuel)	<input type="checkbox"/>	<input type="checkbox"/>	Skier hit object	<input type="checkbox"/>	<input type="checkbox"/>	Struck underwater object
<input type="checkbox"/>	<input type="checkbox"/>	Collision with vessel	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Explosion (Non-Fuel)	<input type="checkbox"/>	<input type="checkbox"/>	Skier mishap/fall	<input type="checkbox"/>	<input type="checkbox"/>	Vessel wake damage
<input type="checkbox"/>	<input type="checkbox"/>	Fall in boat	<input type="checkbox"/>	<input type="checkbox"/>	Flooding (Swamping)	<input type="checkbox"/>	<input type="checkbox"/>	Starting engine	<input type="checkbox"/>	<input type="checkbox"/>	Other:

What Contributed to Accident: (You may enter up to three contributing causes for each Vessel/Swimmer)

V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Use	<input type="checkbox"/>	<input type="checkbox"/>	Failure to Vent Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Vessel Flotation	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	Careless/Reckless	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Waters	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Standing/Sitting on Gunwale, Bow or Transom
<input type="checkbox"/>	<input type="checkbox"/>	Congested Waters	<input type="checkbox"/>	<input type="checkbox"/>	Hull Failure	<input type="checkbox"/>	<input type="checkbox"/>	No Proper Look-Out	<input type="checkbox"/>	<input type="checkbox"/>	Skier or Occ Behavior
<input type="checkbox"/>	<input type="checkbox"/>	Dam or Lock	<input type="checkbox"/>	<input type="checkbox"/>	Ignition of Fuel Vapor	<input type="checkbox"/>	<input type="checkbox"/>	Off Throttle Steering-Jet	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Turn
<input type="checkbox"/>	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	Improper Anchoring	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inattention	<input type="checkbox"/>	<input type="checkbox"/>	Viol. Of Nav. Rule
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure (below)	<input type="checkbox"/>	<input type="checkbox"/>	Improper Loading	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inexperience	<input type="checkbox"/>	<input type="checkbox"/>	Vision Obstructed
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Speed	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Proper Lights	<input type="checkbox"/>	<input type="checkbox"/>	Overloading	<input type="checkbox"/>	<input type="checkbox"/>	Weather

Machinery Failure: (Indicate Every System that Failed for Each Vessel)

V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	Feed Back Steering
<input type="checkbox"/>	<input type="checkbox"/>	Engine System	<input type="checkbox"/>	<input type="checkbox"/>	Steering System
<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	Throttle System
<input type="checkbox"/>	<input type="checkbox"/>	Shift System	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation System
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Starting Eng. In Gear

Equipment Failure: (Indicate the Equipment that Failed for Each Vessel)

V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Sail Demasting
<input type="checkbox"/>	<input type="checkbox"/>	Communications	<input type="checkbox"/>	<input type="checkbox"/>	Seat Broke Loose
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing
<input type="checkbox"/>	<input type="checkbox"/>	PFDs	<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress

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Type of Boat:		V-1 V-2 Vessel		# of Engines:		Propulsion:		Safety Equipment:	
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Florida Boating Accident Investigation

Agency Case #

VESSEL	Reg. Or Doc Number HIN Number Name of Vessel Year Length Make Model Number of POB Number Fatal Number Injured Number Skiers Being Towed Estimated Speed: Unknown <input type="checkbox"/> Stopped <input type="checkbox"/> Less than 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> Over 40 mph <input type="checkbox"/> Estimated Damage to this Boat: \$ 																																													
	Federal Definition of Vessel: Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Operator or Swimmer Info: Driver's License or Boater ID #: State Issued: Status: Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Last Name First Name MI DOB Missing <input type="checkbox"/> Fatality <input type="checkbox"/> Street Home Phone Work Phone City State Zip 																																													
OR SWIMMER	Total Operator Experience: < 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> >100 Hrs <input type="checkbox"/> Operator Education: USCG Aux <input type="checkbox"/> Other (Info) <input type="checkbox"/> Online <input type="checkbox"/> USPS <input type="checkbox"/> Other (Appr) <input type="checkbox"/> FL (Corresp) <input type="checkbox"/> USCG License (Master, Mate, Etc.) <input type="checkbox"/> FL (Classroom) <input type="checkbox"/> BUI Info: BAC <input type="checkbox"/> Refuse <input type="checkbox"/> BUI Arrest <input type="checkbox"/> Been Drinkin <input type="checkbox"/> Drugs <input type="checkbox"/> Gender: M <input type="checkbox"/> F <input type="checkbox"/> PFD Used <input type="checkbox"/> Person Can Swim <input type="checkbox"/> Person Was Ejected <input type="checkbox"/> Person Was Ejected <input type="checkbox"/>																																													
	Owner Info: Fill in owner's information below. Check also if operator <input type="checkbox"/> or <input type="checkbox"/> upant. If <input type="checkbox"/> upant, use occupant section or injury/fatal data sheet. DOB Driver's License or Boater ID #: State Issued: Name and Address: Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> Insurance Company Policy Number: 																																													
2	Non-Fatal or Uninjured Occupant Information: Attach injury/fatal data sheet for each injury or fatality. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Occ</th> <th>Name</th> <th>Phone</th> <th>DOB</th> <th>GENDER M</th> <th>F</th> <th>Person Was Ejected</th> <th>PFD Used</th> <th>Person Can Swim</th> </tr> </thead> <tbody> <tr> <td>Occ 1</td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Occ 2</td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Occ 3</td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Occ 4</td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Occ	Name	Phone	DOB	GENDER M	F	Person Was Ejected	PFD Used	Person Can Swim	Occ 1	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occ 2	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occ 3	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occ 4	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Occ	Name	Phone	DOB	GENDER M	F	Person Was Ejected	PFD Used	Person Can Swim																																					
Occ 1	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Occ 2	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Occ 3	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						
Occ 4	 	 	 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																						

Brief Synopsis of Accident: Attach offense incident narrative sheets for more detailed description. (Synopsis is for USCG database use.)

Accident Descriptors
(Check all that apply)

- Boat Found Capsized
- Boat Found Upright Drifting
- Boat Struck by Lightning
- Carbon Monoxide Involved
- Commercial Vessel
- Hit & Run (Left the Scene)
- Parasailing Accident
- Runaway Boat
- Victim Entangled in Line
- Other:

Non-Vessel Property Damage

Damage excluding the vessels involved or their contents. If yes, the estimated amount \$

Describe Damaged Property

Property Owner Information: Last Name First Name MI Home Phone Work Phone
 Street City State Zip

Florida Boating Accident Investigation

Agency Case #

Type of Boat: <input type="checkbox"/> Vessel <input type="checkbox"/> Airport <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Houseboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Personal Watercraft	Vessel <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Mini Jet Boat <input type="checkbox"/> Rowboat (Jon) <input type="checkbox"/> Sail (Aux. Power) <input type="checkbox"/> Sail (Only) <input type="checkbox"/> Seaplane <input type="checkbox"/> Other	# of Engines: Vess <input type="text"/> <input type="text"/> Vess <input type="text"/> <input type="text"/> Total HP: Vess <input type="text"/> <input type="text"/> Vess <input type="text"/> <input type="text"/> Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane	Propulsion: <input type="checkbox"/> Vessel <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Properties <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet Engine: <input type="checkbox"/> Vessel <input type="checkbox"/> Airboat <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> I/O	Safety Equipment: <input type="checkbox"/> Vessel <input type="checkbox"/> Req. PFDs on Board <input type="checkbox"/> PFDs Accessible <input type="checkbox"/> Fire Ext. on Board <input type="checkbox"/> Fire Ext. Used <input type="checkbox"/> Nav. Lights Turned On <input type="checkbox"/> Nav. Lights Operational <input type="checkbox"/> Current Safety Exam Was Vessel: <input type="checkbox"/> Vessel <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed (Not in Household)	
Hull Material: <input type="checkbox"/> Vessel <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	Vessel <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Rigid Hull Infl. <input type="checkbox"/> Steel <input type="checkbox"/> Wood				Was Vessel: <input type="checkbox"/> Vessel <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed (Not in Household)

Operation at Time of Accident: (Enter up to 3 for each Vessel) <input type="checkbox"/> Vessel <input type="checkbox"/> At Anchor <input type="checkbox"/> Being Towed <input type="checkbox"/> Changing Direction <input type="checkbox"/> Changing Speed <input type="checkbox"/> Cruising <input type="checkbox"/> Docked (Moored) <input type="checkbox"/> Docking/Unlocking <input type="checkbox"/> Vessel <input type="checkbox"/> Drifting <input type="checkbox"/> Launching/Loading <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> Sailing <input type="checkbox"/> Towing a Boat <input type="checkbox"/> Wake/Surf Jumping <input type="checkbox"/> Other:	Operation at Time of Accident: (Enter up to 3 for each Vessel) <input type="checkbox"/> Vessel <input type="checkbox"/> Commercial Purpose <input type="checkbox"/> Fishing (Recreational) <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Making Repairs <input type="checkbox"/> Racing (Sanctioned) <input type="checkbox"/> Recreational Cruising <input type="checkbox"/> Tournament (Fishing) <input type="checkbox"/> Vessel <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkling <input type="checkbox"/> Skiing (Skurfing, etc.) <input type="checkbox"/> Starting Engine <input type="checkbox"/> Swimming <input type="checkbox"/> Boat Pulling Tube <input type="checkbox"/> Other:
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V E S S E L	Reg. Or Doc Number <input type="text"/> Length <input type="text"/> Make <input type="text"/>	HIN Number <input type="text"/> Model <input type="text"/>	Name of Vessel <input type="text"/> Year <input type="text"/> Number of POB <input type="text"/> Number Fatal <input type="text"/> Number Injured <input type="text"/> Number Skiers Being Towed <input type="text"/>	Estimated Speed: <input type="checkbox"/> Unknown <input type="checkbox"/> Stopped <input type="checkbox"/> Less than 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> Over 40 mph Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/>	Estimated Damage to this Boat: \$ <input type="text"/> Federal Definition of Vessel <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government
	Operator or Swimmer Info: Driver's License or Boater ID #: <input type="text"/> State Issued: <input type="text"/> DOB: <input type="text"/> Last Name <input type="text"/> First Name <input type="text"/> MI <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> Zip <input type="text"/> Home Phone <input type="text"/> Work Phone <input type="text"/>		Status <input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality Fill out injury/fatal data sheet as required		

O R S W I M M E R	Total Operator Experience <input type="checkbox"/> < 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> >100 Hrs Total Hrs. in This Type Vessel <input type="checkbox"/> < 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> >100 Hrs	Operator Education <input type="checkbox"/> USCG Aux <input type="checkbox"/> Other (Info) <input type="checkbox"/> Online <input type="checkbox"/> USPS <input type="checkbox"/> Other (Appr) <input type="checkbox"/> FL (Corresp) <input type="checkbox"/> USCG License (Master, Mate, Etc.) <input type="checkbox"/> FL (Classroom)	BUI Info BAC <input type="text"/> <input type="checkbox"/> Refuse <input type="checkbox"/> BUI Arrest <input type="checkbox"/> Been Drinkin <input type="checkbox"/> Drugs	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Person Was Ejected <input type="checkbox"/> PFD Used <input type="checkbox"/> <input type="checkbox"/> Person Can Swim <input type="checkbox"/> Person Was Ejected <input type="checkbox"/>
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Owner Info: Fill in owner's information below. Check also if operator or occupant if occupant, use occupant section or injury/fatal data sheet.

DOB Driver's License or Boater ID #: State Issued:

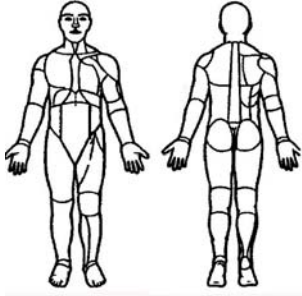
Name and Address:

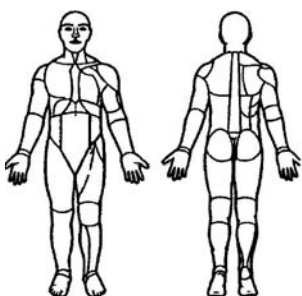
Non-Fatal or Uninjured Occupant Information: Attach injury/fatal data sheet for each injury or fatality.

Occ	Name	Phone	DOB	GENDER M F	Person Was Ejected	PFD Used	Person Can Swim
Occ 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Occ 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Occ 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Occ 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Florida Boating Accident Injury/Fatal Data

Agency Case #

VESSELS OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not located) <input type="checkbox"/> Person was Ejected		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		Treatment: <input type="checkbox"/> Treatment <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Victim can swim	
	Victim Information: <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On Shore/Dock <input type="checkbox"/> Occupant <input type="checkbox"/> Skier					
	Last Name <input type="text"/> Street <input type="text"/>		First Name <input type="text"/> MI <input type="text"/>			DOB <input type="text"/>
	City <input type="text"/>		State <input type="text"/> Zip <input type="text"/>			Home Phone <input type="text"/> Work Phone <input type="text"/>
	Injury Caused By:		Prim. & Sec. Injury			PFD Use:
	<input type="checkbox"/> Impact with Boat <input type="checkbox"/> Impact with Water <input type="checkbox"/> Impact with Fixed Object <input type="checkbox"/> Impact with Floating Object <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Propeller or Skeg <input type="checkbox"/> Other:		<input type="checkbox"/> Amputation <input type="checkbox"/> Back Injury <input type="checkbox"/> Broken Bone(s) <input type="checkbox"/> Burn(s) <input type="checkbox"/> Contusion(s) <input type="checkbox"/> Dislocation(s) <input type="checkbox"/> Head Injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal Injury(ies) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Neck Injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw			<input type="checkbox"/> Type I <input type="checkbox"/> Type III <input type="checkbox"/> Type V <input type="checkbox"/> Type II <input type="checkbox"/> Type IV <input type="checkbox"/> Non-Inflatable <input type="checkbox"/> Inflatable
	Victim Activity:		Physical Condition:			Location of Injuries 
	<input type="checkbox"/> Cruising <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> PWC Cruising <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkelling <input type="checkbox"/> Swimming <input type="checkbox"/> Waterskiing <input type="checkbox"/> Other:		<input type="checkbox"/> Unknown <input type="checkbox"/> Handicapped <input type="checkbox"/> Normal <input type="checkbox"/> Under Inf. Alc/Drugs <input type="checkbox"/> Sick/III <input type="checkbox"/> Other:			
			Death Caused By:			
			<input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other:			Injury/Fatal Synopsis: <input type="text"/>

VESSELS OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not located) <input type="checkbox"/> Person was Ejected		GENDER <input type="checkbox"/> M <input type="checkbox"/> F		Treatment: <input type="checkbox"/> Treatment <input type="checkbox"/> Admitted to Hospital <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Victim can swim	
	Victim Information: <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On Shore/Dock <input type="checkbox"/> Occupant <input type="checkbox"/> Skier					
	Last Name <input type="text"/> Street <input type="text"/>		First Name <input type="text"/> MI <input type="text"/>			DOB <input type="text"/>
	City <input type="text"/>		State <input type="text"/> Zip <input type="text"/>			Home Phone <input type="text"/> Work Phone <input type="text"/>
	Injury Caused By:		Prim. & Sec. Injury			PFD Use:
	<input type="checkbox"/> Impact with Boat <input type="checkbox"/> Impact with Water <input type="checkbox"/> Impact with Fixed Object <input type="checkbox"/> Impact with Floating Object <input type="checkbox"/> Struck by Boat <input type="checkbox"/> Propeller or Skeg <input type="checkbox"/> Other:		<input type="checkbox"/> Amputation <input type="checkbox"/> Back Injury <input type="checkbox"/> Broken Bone(s) <input type="checkbox"/> Burn(s) <input type="checkbox"/> Contusion(s) <input type="checkbox"/> Dislocation(s) <input type="checkbox"/> Head Injury <input type="checkbox"/> Hypothermia <input type="checkbox"/> Internal Injury(ies) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Neck Injury <input type="checkbox"/> Shock <input type="checkbox"/> Spinal Injury <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Teeth/Jaw			<input type="checkbox"/> Type I <input type="checkbox"/> Type III <input type="checkbox"/> Type V <input type="checkbox"/> Type II <input type="checkbox"/> Type IV <input type="checkbox"/> Non-Inflatable <input type="checkbox"/> Inflatable
	Victim Activity:		Physical Condition:			Location of Injuries 
	<input type="checkbox"/> Cruising <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> PWC Cruising <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Snorkelling <input type="checkbox"/> Swimming <input type="checkbox"/> Waterskiing <input type="checkbox"/> Other:		<input type="checkbox"/> Unknown <input type="checkbox"/> Handicapped <input type="checkbox"/> Normal <input type="checkbox"/> Under Inf. Alc/Drugs <input type="checkbox"/> Sick/III <input type="checkbox"/> Other:			
			Death Caused By:			
			<input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other:			Injury/Fatal Synopsis: <input type="text"/>

BOATING ACCIDENT VITAL INFORMATION FORM

(For Fatal or Severe Injury Accident)

Please fax within 24 hours to the Fish and Wildlife Conservation Commission, Boating Safety Section.

Fax # (850) 488-9284 Phone # (850) 488-5600

Complaint Number			Agency			
Date of Incident		Day of Week		Time of Day (mil)		
County			Nearest City or Town			
Location of the Incident (Latitude & Longitude)					<input type="checkbox"/> State Waters	<input type="checkbox"/> Off Shore
No. of Vessel(s) Involved		No. of Injured		No. of Fatalities		No. of Missing

Vessel Description(s):

Vessel #1	Reg. #	Year	Length	Make	<input type="checkbox"/> Rec.	<input type="checkbox"/> Com.	<input type="checkbox"/> Gov.
	Type of Vessel						
Vessel #2	Reg. #	Year	Length	Make	<input type="checkbox"/> Rec.	<input type="checkbox"/> Com.	<input type="checkbox"/> Gov.
	Type of Vessel						

Subject Information:

<u>Vessel #1</u>	Name	DOB	Fatal	Missing	Injured	Uninjured
Operator						
Occ. 1						
Occ. 2						
Occ. 3						
<u>Vessel #2</u>	Name	DOB	Fatal	Missing	Injured	Uninjured
Operator						
Occ. 1						
Occ. 2						
Occ. 3						

Notified Fatality Investigator: Yes No Arrival Time (mil) _____

Investigator _____ Supervisor _____ Contact Phone # _____

Medical Examiner on Scene: Yes No Name _____

Other Officers on Scene: _____

Other Agencies on Scene: Yes No Name _____

Alcohol Related: Yes No Unknown Arrests: Yes No Name _____

State Attorney Notified: Yes No

Accident Description: (Briefly Describe What Happened)