

Personal Flotation Devices		Fire Extinguishers
Was the boat adequately equipped with CG APPROVED life saving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the boat adequately equipped with NON-APPROVED life saving devices? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they used? If yes, list type(s) and number used. <input type="checkbox"/> Yes
Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No
Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No	Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Estimated Property Damage and Description of Damage

This boat: \$ _____ Description: _____
Other boat: \$ _____
Other property: \$ _____

Name and Address of Owner of Other Property

Full Name: _____
Street/Box #: _____
City/State/Zip: _____ Telephone #: _____

Description of Accident

Describe what happened (Include failure of equipment). If a diagram is needed make it on a separate sheet of paper and attach it to this report.

Person Completing Report

Signature: _____ Date Submitted: _____
Print Name: _____
Street/Box #: _____
City/State/Zip: _____ Telephone #: _____

Are you the ~ (check only one): Operator Owner Investigator Other: _____

DEPARTMENT USE ONLY ~ DO NOT WRITE IN THIS AREA

Name of Review Officer: _____ Date Received: _____
Primary Cause of Accident: _____
Secondary Cause of Accident: _____
Cause Based On (check one): This Report Investigation Investigation and This Report Could Not Be Determined

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