

BOATING ACCIDENT INVESTIGATION INSTRUCTIONS
FOR PRINTING/PICTURE INSERTS
FWCDLE-146

VERY IMPORTANT: TO “PRINT WITHOUT COMMENTS” SIMPLY CLICK ON “FILE” SCROLL DOWN TO “PRINT” A NEW MENU WILL APPEAR. IN THE BOTTOM LEFT HAND CORNER OF THAT MENU YOU WILL SEE THE WORDS “PRINT WHAT” SELECT “DOCUMENT” THEN CLICK “OK” OR “PRINT”. ALSO, TO “PRINT WITHOUT INSTRUCTION” ON THAT SAME MENU WHERE IT SAYS “PAGES” PUT “WHAT PAGE(S) YOU WANT TO PRINT”. TO “INSERT PICTURES” YOU MUST “UNPROTECT” DOCUMENT THEN INSERT THE PICTURES.

The text box(es) will **not** expand when you exceed the space provide. The document must be unprotected in order to insert a picture/spell check. To unprotect the document:

- a. If there is a button on your toolbar that looks like a padlock, you must depress it (click on it) and then cut and paste the picture/spell check into the box.
- b. If there is not a button on your toolbar like that, you must:
 - i. Click “view” on the toolbar.
 - ii. Select toolbars on the menu that drops down.
 - iii. Select “forms” on the next menu that drops down.
 - iv. Now the forms toolbar with the padlock will show up. Depress the padlock and cut and paste your picture/spell check



**FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT**



FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

FORWARD COPY TO: FWC Boating Safety Agency Case Number: _____
 620 South Meridian Street
 Tallahassee, FL 32399-1600
 QUESTIONS CALL: (850) 488-5600 REPORTING AGENCY: FWC Police Sheriff
 FPP Other

Total Number: _____ Estimated total property damage \$2000 or more \$
 Fatalities Injury Beyond First Aid Missing Persons

General and Geographic Information:		Total Vessels/Swimmers: _____		County: _____	
Date of Accident: _____		Time of Accident (mil): _____		Date LEO Arrived: _____	
Nearest City: _____		Body of Water: _____		Time LEO Arrived (mil): _____	
Exact Location: _____		<input type="checkbox"/> State Waters <input type="checkbox"/> Offshore		ICW Nearest Marker: _____	
Accident Site: <input type="checkbox"/> Bay/Sound <input type="checkbox"/> Inlet/Pass <input type="checkbox"/> Ocean/Gulf <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Marsh/Swamp <input type="checkbox"/> River/Creek <input type="checkbox"/> Port/Harbor <input type="checkbox"/> Canal/Cut		<input type="checkbox"/> Idle Speed <input type="checkbox"/> Manatee Idle Speed <input type="checkbox"/> Swimming		Latitude/Longitude (decimal minutes)	
Restricted Area: <input type="checkbox"/> Slow Speed <input type="checkbox"/> Manatee Slow Speed <input type="checkbox"/> MPH Limit <input type="checkbox"/> Other		Permit Code: _____			
Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Hazy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Thunderstorm (Check all that Apply)		Visibility: <input type="checkbox"/> Good <input type="checkbox"/> Dawn <input type="checkbox"/> Fair <input type="checkbox"/> Day <input type="checkbox"/> Poor <input type="checkbox"/> Dusk <input type="checkbox"/> Night		Water Conditions: <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (larger than 6')	
		Wind: <input type="checkbox"/> None <input type="checkbox"/> Light (0-6 mph) <input type="checkbox"/> Moderate (7-14 mph) <input type="checkbox"/> Strong (15-25 mph) <input type="checkbox"/> Storm (over 25 mph)		Temperature: Air _____ ° F Water _____ ° F	
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) (Use boating accident continuation sheet for additional vessels)			
V-1	V-2	Vessel/Swimmer	V-1	V-2	Vessel/Swimmer
_____	_____	_____ Capsizing	_____	_____	_____ Fire/Explosion (Fuel)
_____	_____	_____ Collision w/Fixed Object	_____	_____	_____ Fire/Explosion (Non-Fuel)
_____	_____	_____ Col. w/Floating Object/Person	_____	_____	_____ Flooding (Swamping)
_____	_____	_____ Collision w/Vessel	_____	_____	_____ Grounding
_____	_____	_____ Fall in Boat	_____	_____	_____ Sinking
_____	_____	_____ Falls Overboard	_____	_____	_____ Skier Hit Object
_____	_____	_____ Fall on PWC	_____	_____	_____ Skier Mishap/Fall
_____	_____	_____ Starting Engine	_____	_____	_____ Person Struck by Boat
_____	_____	_____ Person Struck by Skeg/Prop	_____	_____	_____ Struck Underwater Object
_____	_____	_____ Vessel Wake Damage	_____	_____	_____ Other: _____
What Contributed to the Accident:		(You may enter up to three (3) contributing causes for each Vessel)			
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"/>	Ignition of Fuel Vapor
<input type="checkbox"/>	<input type="checkbox"/>	Careless/Reckless	<input type="checkbox"/>	<input type="checkbox"/>	Improper Anchoring
<input type="checkbox"/>	<input type="checkbox"/>	Congested Waters	<input type="checkbox"/>	<input type="checkbox"/>	Improper Loading
<input type="checkbox"/>	<input type="checkbox"/>	Dam or Lock	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Proper Lights
<input type="checkbox"/>	<input type="checkbox"/>	Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	Lack of Vessel Flotation
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Failure (Below)	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Failure (Below)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive Speed	<input type="checkbox"/>	<input type="checkbox"/>	No Proper Look-Out
<input type="checkbox"/>	<input type="checkbox"/>	Failure to Vent Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Off Throttle Steering – Jet
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Water	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inattention
<input type="checkbox"/>	<input type="checkbox"/>	Hull Failure	<input type="checkbox"/>	<input type="checkbox"/>	Operator Inexperience
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Overloading
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sharp Turn
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Skier or Occ. Behavior
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Standing/Sitting on Gunwale, Bow or Transom
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Violation of Navigation Rule
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Vision Obstructed
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Weather
Machinery Failure: (Indicate every system that failed for each vessel)		Equipment Failure: (Indicate the equipment that failed)			
V-1	V-2	Vessel	V-1	V-2	Vessel
<input type="checkbox"/>	<input type="checkbox"/>	Electrical System	<input type="checkbox"/>	<input type="checkbox"/>	Steering System
<input type="checkbox"/>	<input type="checkbox"/>	Engine Failure	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Failure
<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation System
<input type="checkbox"/>	<input type="checkbox"/>	Shift Failure	<input type="checkbox"/>	<input type="checkbox"/>	Starting Eng. In Gear
<input type="checkbox"/>	<input type="checkbox"/>	Feedback Steering	<input type="checkbox"/>	<input type="checkbox"/>	Auxiliary Equipment
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Communications
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	PFD's
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sail Demasting
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Seat Broke Loose
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress

ATTACHMENT XVIII

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

Type of Boat: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Airboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Canoe/Kayak <input type="checkbox"/> Houseboat <input type="checkbox"/> Mini Jet Boat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Other: _____		# of Engines: Vessel 1 _____ Vessel 2 _____ Total HP Vessel 1 _____ Vessel 2 _____		Propulsion: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet			Safety Equipment: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Req. PFD's on board <input type="checkbox"/> PFD's accessible <input type="checkbox"/> Fire Ext. on Board <input type="checkbox"/> Fire Ext. Used <input type="checkbox"/> Nav. Lights Operational <input type="checkbox"/> Nav. Lights Turned On <input type="checkbox"/> Current Safety Exam				
				Engine: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Airboat <input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> I/O			Was Vessel: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed (Not in Household)				
Hull Material: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Other: _____				Fuel: V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Rigid Hull Infl. <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Wood <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane		Operation at Time of Accident: (Enter up to 3 for each Vessel) V-1 <input type="checkbox"/> V-2 <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"/> Docking/Undocking <input type="checkbox"/> Drifting <input type="checkbox"/> Launching/Loading					
Activity at Time of Accident: (Enter up to three (3) for each Vessel) V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Boat Pulling Tube <input type="checkbox"/> Commercial Purpose <input type="checkbox"/> Fishing (Recreational) <input type="checkbox"/> Fishing (Tournament)				V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Fueling <input type="checkbox"/> Hunting <input type="checkbox"/> Making Repairs <input type="checkbox"/> Racing (Sanctioned)		V-1 <input type="checkbox"/> V-2 <input type="checkbox"/> Vessel <input type="checkbox"/> Recreational Cruising <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Skiing (Surfing, etc.) <input type="checkbox"/> Other: _____					
VESSEL		Registration or Documentation # _____		Hull ID Number _____		Name of Vessel _____		Year _____			
		Length _____		Make _____		Model _____		# of POB _____		# of Fatal _____	
Estimated Speed		<input type="checkbox"/> Unknown <input type="checkbox"/> 10-20 mph		<input type="checkbox"/> None <input type="checkbox"/> 21-40 mph		<input type="checkbox"/> Less than 10 mph <input type="checkbox"/> Over 40 mph		Federal Definition of Vessel: <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government			
OPERATOR/SWIMMER		OPERATOR/SWIMMER INFO: Drivers License or Boater ID # _____				State Issued _____		<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality		Status	
		Last Name _____		First Name _____		MI _____		Date of Birth () - _____		Home Phone () - _____	
Street _____		City _____		State _____		Zip Code _____		Work Phone _____			
Operator Experience <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs		Operator Education <input type="checkbox"/> USCG Aux <input type="checkbox"/> USPS <input type="checkbox"/> Other (Info) <input type="checkbox"/> None		<input type="checkbox"/> State Red Cross <input type="checkbox"/> Other (Info)		BUI Info <input type="checkbox"/> Refused <input type="checkbox"/> Been Drinking <input type="checkbox"/> Arrest <input type="checkbox"/> Drugs		BAC: _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> PFD Used <input type="checkbox"/> Person Can Swim <input type="checkbox"/> Person Was Ejected	
Total Hours in This Type Vessel: <input type="checkbox"/> Under 10 Hrs <input type="checkbox"/> 10-100 Hrs <input type="checkbox"/> Over 100 Hrs		Owner Info: Fill in owner's name and address. Check if also <input type="checkbox"/> operator or <input type="checkbox"/> occupant if occupant, use occupant section injury/fatal data sheet									
Last Name _____		First Name _____		MI _____		Drivers License _____		State Issued _____			
Street _____		City _____		State _____		Zip Code _____		Date of Birth _____		Phone # _____	
Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company _____		Policy # _____							
NON-FATAL OR UNINJURED OCCUPANT INFO: (ATTACH INJURY/FATAL DATA SHEETS FOR EACH INJURY OR FATALITY)		Gender M F		Person Ejected		PFD Used		Person Can Swim			
Oc1 Name: _____		Phone: () - _____		DOB: _____		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Person Ejected <input type="checkbox"/> PFD Used <input type="checkbox"/> Person Can Swim			
Oc2 Name: _____		Phone: () - _____		DOB: _____							
Oc3 Name: _____		Phone: () - _____		DOB: _____							
Oc4 Name: _____		Phone: () - _____		DOB: _____							

ATTACHMENT XVIII

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

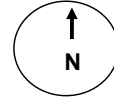
Agency Case Number: _____

DIAGRAM OF ACCIDENT

If applicable, diagram exactly what happened. Show the direction of boats involved before, during and after accident.

DIAGRAM NOT TO SCALE

Indicate North with an Arrow



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Violations:		Vessel Priority:	Vessel # _____ Stand on	Vessel # _____ Give Way	N/A	
Vessel #	Violator's Name (Just check box if operator)	Statute #	Violation	Type	UBC/Warning #	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	
<input type="checkbox"/>	Operator			<input type="checkbox"/> Citation <input type="checkbox"/> Warning	<input type="checkbox"/> No action <input type="checkbox"/> Pending	

Officer Completing Report:

Agency Name _____ District/Region _____ Officer's Signature _____
 Street _____ () - _____ Phone # _____ Print Officer Name _____ ID # _____
 City _____ State _____ Zip Code _____ ORI Number _____ Date Completed _____
 Field Supervisor/Reviewer Signature _____ Print Supervisor/Reviewer Name _____ ID # _____

Investigative Time: (Include total hours for response, search & rescue & investigation for officer completing report & officers assisting)

Boat Hrs. _____ Land Hrs. _____ Air Hrs. _____ Admin. Hrs. _____ Total Hrs. _____ Car Miles _____ Boat Engine Hrs. _____ Aircraft Engine Hrs. _____

DO NOT COMPLETE BELOW THIS LINE – FWC HQ BOATING SAFETY REVIEWING AUTHORITY ONLY

Federal Accident Classification: (For Statistical use) Recreational Commercial Government Off-Shore Non-Reportable Reportable

Primary Type	Secondary Type	Tertiary Type	Primary Cause	Secondary Cause	Tertiary Cause	Reviewed By	ID #
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ATTACHMENT XVIII

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

VESSEL

SWIM

NUMBER

OPERATOR DATA

OPERATOR INFORMATION:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

() - () - _____
Home Phone Work Phone Date of Birth Race Sex: Male Female

Drivers License State Issued Violations Experience Status: Uninjured Injured

Yes No Alcohol Yes No Field Yes No Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Swim: Yes No

Location: _____ Ejected: Yes No

VESSEL DATA

Check if also operator or on board

OWNER'S INFORMATION:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Registration or Documentation # _____ Hull ID Number _____ Name of Vessel _____ Year _____

Length _____ Make _____ Model _____ Beam _____ Depth _____ Hull Type _____ Hull Material _____

Propulsion _____ Fuel _____ # of Engine _____ Total HP _____ Engine Maker _____ Hp Capacity _____ Person Capacity _____

Pound Capacity _____ Total # of Persons on Board _____ Flame Arrester _____ Ventilation _____ Other Equipment _____

Safety Exam: Current: Yes No By: FWC Police Sheriff FPP Other

PFDs		FIRE EXTINGUISHERS		SPD		LIGHTS		VDS	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Proper Type <input type="checkbox"/>	<input type="checkbox"/>	Approved <input type="checkbox"/>	<input type="checkbox"/>	Proper Type <input type="checkbox"/>	<input type="checkbox"/>	Displayed: <input type="checkbox"/>	<input type="checkbox"/>	Approved <input type="checkbox"/>	<input type="checkbox"/>
Number <input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input type="checkbox"/>	<input type="checkbox"/>	Used <input type="checkbox"/>	<input type="checkbox"/>	Proper Type <input type="checkbox"/>	<input type="checkbox"/>	Type <input type="checkbox"/>	<input type="checkbox"/>
Accessible <input type="checkbox"/>	<input type="checkbox"/>	Used <input type="checkbox"/>	<input type="checkbox"/>			Serviceable <input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input type="checkbox"/>	<input type="checkbox"/>
Serviceable <input type="checkbox"/>	<input type="checkbox"/>	Type: _____				Used <input type="checkbox"/>	<input type="checkbox"/>	Used <input type="checkbox"/>	<input type="checkbox"/>

OCCUPANTS

OCCUPANTS INFORMATION #1:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Status: Uninjured Injured Sex: Male Female Race _____ Witness: Yes No Instruction: Yes No

Alcohol/ Drugs: Yes No Field Yes No Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Ejected: Yes No Swim: Yes No

Location: _____

OCCUPANTS INFORMATION #2:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Status: Uninjured Injured Sex: Male Female Race _____ Witness: Yes No Instruction: Yes No

Alcohol/ Drugs: Yes No Field Yes No Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Ejected: Yes No Swim: Yes No

Location: _____

OCCUPANTS INFORMATION #3:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Status: Uninjured Injured Sex: Male Female Race _____ Witness: Yes No Instruction: Yes No

Alcohol/ Drugs: Yes No Field Yes No Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Ejected: Yes No Swim: Yes No

Location: _____

ATTACHMENT XVIII

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

VESSEL

SWIM

NUMBER

OPERATOR DATA

OPERATOR INFORMATION:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

() - () - _____
Home Phone Work Phone Date of Birth Race Sex: Male Female

Drivers License State Issued Violations Experience Status: Uninjured Injured

Instruction: Yes No Alcohol /Drugs: Yes No Field Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Swim: Yes No

Location: _____ Ejected: Yes No

VESSEL DATA

Check if also operator or on board

OWNER'S INFORMATION:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Registration or Documentation # _____ Hull ID Number _____ Name of Vessel _____ Year _____

Length _____ Make _____ Model _____ Beam _____ Depth _____ Hull Type _____ Hull Material _____

Propulsion _____ Fuel _____ # of Engine _____ Total HP _____ Engine Maker _____ Hp Capacity _____ Person Capacity _____

Pound Capacity _____ Total # of Persons on Board _____ Flame Arrester _____ Ventilation _____ Other Equipment _____

Safety Exam: Current: Yes No By: FWC Police Sheriff FPP Other

PFDs		FIRE EXTINGUISHERS		SPD		LIGHTS		VDS	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Proper Type <input type="checkbox"/>	<input type="checkbox"/>	Approved <input type="checkbox"/>	<input type="checkbox"/>	Proper Type <input type="checkbox"/>	<input type="checkbox"/>	Displayed: <input type="checkbox"/>	<input type="checkbox"/>	Approved <input type="checkbox"/>	<input type="checkbox"/>
Number <input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input type="checkbox"/>	<input type="checkbox"/>	Used <input type="checkbox"/>	<input type="checkbox"/>	Proper Type <input type="checkbox"/>	<input type="checkbox"/>	Type <input type="checkbox"/>	<input type="checkbox"/>
Accessible <input type="checkbox"/>	<input type="checkbox"/>	Used <input type="checkbox"/>	<input type="checkbox"/>			Serviceable <input type="checkbox"/>	<input type="checkbox"/>	Serviceable <input type="checkbox"/>	<input type="checkbox"/>
Serviceable <input type="checkbox"/>	<input type="checkbox"/>	Type: _____				Used <input type="checkbox"/>	<input type="checkbox"/>	Used <input type="checkbox"/>	<input type="checkbox"/>

OCCUPANTS

OCCUPANTS INFORMATION #1:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Status: Uninjured Injured Sex: Male Female Race _____ Witness: Yes No Instruction: Yes No

Alcohol/ Drugs: Yes No Field Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Ejected: Yes No Swim: Yes No

Location: _____

OCCUPANTS INFORMATION #2:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Status: Uninjured Injured Sex: Male Female Race _____ Witness: Yes No Instruction: Yes No

Alcohol/ Drugs: Yes No Field Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Ejected: Yes No Swim: Yes No

Location: _____

OCCUPANTS INFORMATION #3:

Last Name _____ First Name _____ MI _____

Street _____ City _____ State _____ Zip Code _____

Date of Birth _____ Status: Uninjured Injured Sex: Male Female Race _____ Witness: Yes No Instruction: Yes No

Alcohol/ Drugs: Yes No Field Sobriety: Yes No BAC Test: Yes No % Result Drugs: Yes No PFD: Yes No Ejected: Yes No Swim: Yes No

Location: _____

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

ACCIDENT DESCRIPTION NARRATIVE

**DESCRIBE WHAT
HAPPENED**

(Sequence of events. Include failure of equipment. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFDs or fire extinguishers.)

Comment [CRH3]: The text box(es) will **not** expand when you exceed the space provide. The document must be unprotected in order to insert a picture/spell check. To unprotect the document:
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f.If there is not a button on your toolbar like that, you must:
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FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

ACCIDENT DESCRIPTION NARRATIVE

**DESCRIBE WHAT
HAPPENED**

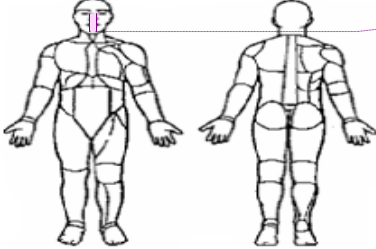
(Sequence of events. Include failure of equipment. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFDs or fire extinguishers.)

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ATTACHMENT XVIII

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

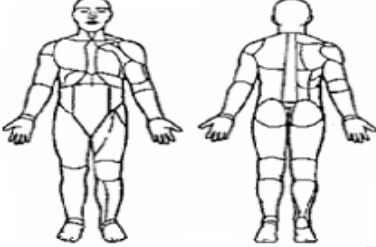
VESSEL OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Missing (Body not located) <input type="checkbox"/> Fatality <input type="checkbox"/> Person Was Ejected		Victim Info.: <input type="checkbox"/> Can Swim <input type="checkbox"/> Can Not Swim <input type="checkbox"/> Occupant <input type="checkbox"/> On Shore/Dock <input type="checkbox"/> Operator <input type="checkbox"/> Skier <input type="checkbox"/> Swimmer		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																																																																			
	Last Name _____ First Name _____ MI _____ Date of Birth _____ () -		Street _____ Home Phone _____ () -		City _____ State _____ Zip Code _____ Work Phone _____																																																																			
VESSEL OR SWIMMER	Injury Caused By: <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: _____		Primary & Secondary Injury <table border="0"> <tr><td>P</td><td>S</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Amputation</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Back Injury</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Broken Bone(s)</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Burn(s)</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Contusion(s)</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Dislocation(s)</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Head Injury</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hypothermia</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Internal Injury(ies)</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Laceration(s)</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Neck Injury</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Shock</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Spinal Injury</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Sprain/Strain</td><td></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Teeth/Jaw</td><td></td></tr> </table>		P	S			<input type="checkbox"/>	<input type="checkbox"/>	Amputation		<input type="checkbox"/>	<input type="checkbox"/>	Back Injury		<input type="checkbox"/>	<input type="checkbox"/>	Broken Bone(s)		<input type="checkbox"/>	<input type="checkbox"/>	Burn(s)		<input type="checkbox"/>	<input type="checkbox"/>	Contusion(s)		<input type="checkbox"/>	<input type="checkbox"/>	Dislocation(s)		<input type="checkbox"/>	<input type="checkbox"/>	Head Injury		<input type="checkbox"/>	<input type="checkbox"/>	Hypothermia		<input type="checkbox"/>	<input type="checkbox"/>	Internal Injury(ies)		<input type="checkbox"/>	<input type="checkbox"/>	Laceration(s)		<input type="checkbox"/>	<input type="checkbox"/>	Neck Injury		<input type="checkbox"/>	<input type="checkbox"/>	Shock		<input type="checkbox"/>	<input type="checkbox"/>	Spinal Injury		<input type="checkbox"/>	<input type="checkbox"/>	Sprain/Strain		<input type="checkbox"/>	<input type="checkbox"/>	Teeth/Jaw		PFD Types Used: <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V <input type="checkbox"/> II <input type="checkbox"/> IV <input type="checkbox"/> Non-Inflatable <input type="checkbox"/> Inflatable			
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Injury/Fatal Synopsis																																																																								

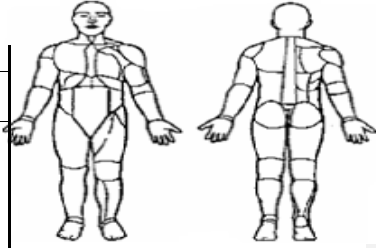
Comment [CRH5]: Simply place a "X" in the general vicinity of the injury. Please print these page(s) in color to distinctly notice the "X".

ATTACHMENT XVIII

FLORIDA BOATING ACCIDENT INVESTIGATION REPORT

Agency Case Number: _____

VESSEL OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Missing (Body not located) <input type="checkbox"/> Fatality <input type="checkbox"/> Person Was Ejected		Victim Info.: <input type="checkbox"/> Can Swim <input type="checkbox"/> Can Not Swim		<input type="checkbox"/> Occupant <input type="checkbox"/> On Shore/Dock		<input type="checkbox"/> Operator <input type="checkbox"/> Skier		<input type="checkbox"/> Swimmer		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Last Name _____ First Name _____ MI _____			Date of Birth () - () - ()			Home Phone () - () - ()			Work Phone () - () - ()			
Street _____													
City _____ State _____ Zip Code _____													
Injury Caused By: <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: _____		Primary & Secondary Injury P S <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		PFD Types Used: <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> V <input type="checkbox"/> II <input type="checkbox"/> IV <input type="checkbox"/> Non-Inflatable <input type="checkbox"/> Inflatable		Physical Condition: <input type="checkbox"/> Handicapped <input type="checkbox"/> Inf. Alc./Drug <input type="checkbox"/> Normal <input type="checkbox"/> Sick/ill <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown Death Caused By: <input type="checkbox"/> Drowning <input type="checkbox"/> Hypothermia <input type="checkbox"/> Trauma <input type="checkbox"/> Other: _____				Injury/Fatal Synopsis _____ _____ _____	
Victim Activity: <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"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water-skiing <input type="checkbox"/> Other: _____													

VESSEL OR SWIMMER	Type: <input type="checkbox"/> Injured <input type="checkbox"/> Missing (Body not located) <input type="checkbox"/> Fatality <input type="checkbox"/> Person Was Ejected		Victim Info.: <input type="checkbox"/> Can Swim <input type="checkbox"/> Can Not Swim		<input type="checkbox"/> Occupant <input type="checkbox"/> On Shore/Dock		<input type="checkbox"/> Operator <input type="checkbox"/> Skier		<input type="checkbox"/> Swimmer		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
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