VERMONT

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation
dmv.vermont.gov

120 State Street
Montpelier, Vermont 05603-0001
Phone: 802.828.2000 / Toll Free: 888-99-VERMONT / TTD: 711

23 V.S.A. §3313(a) The operator of a vessel involved in a collision, accident, or other casualty, so far as he or she can do so without serious danger to his or her own vessel, crew, and passengers shall render to other persons affected by the collision, accident, or other casualty such assistance as may be practicable and as may be necessary in order to save them from or minimize any danger caused by the collision, accident, or other casualty. Also he or she shall give his or her name, address, and identification of his or her vessel in writing to any person injured and to the owner of any property damaged in the collision, accident, or other casualty.

Date of Accident	Time	Name of Body of Water	Location (Give precise location)

State	Nearest City or Town	County

Vessel #1

Operator		Owner	
Full Name:		Full Name:	
Street/Box #:		Street/Box #:	
City/State/Zip:		City/State/Zip:	

Age of Operator:	Operator's Experience		Rented Boat	No. of People on board:	Formal Instructions in Boating Safety
	This type of boat ❏ Under 20 hrs. ❏ 20 to 100 hrs. ❏ 100 to 500 hrs. ❏ Over 500 hrs.	**Other type of boat** ❏ Under 20 hrs. ❏ 20 to 100 hrs. ❏ 100 to 500 hrs. ❏ Over 500 hrs.	❏ Yes ❏ No		❏ USCC Auxiliary ❏ State ❏ US Power Squadron ❏ None ❏ American Red Cross ❏ Other (indicate):

Boat Registration #	Boat Name	Boat Make	Boat Model	Hull Identification #

Type of Boat	Hull Material	Engine	Boat Data	
❏ Open Motorboat ❏ Cabin Motorboat ❏ Auxiliary Sail ❏ Sail (only) ❏ Rowboat ❏ Other (specify):	❏ Wood ❏ Aluminum ❏ Steel ❏ Fiberglass (plastic) ❏ Other (specify):	❏ Outboard ❏ Inboard Gasoline ❏ Inboard Diesel ❏ Inboard Outdrive ❏ Other (specify):	No. of Engines: _____ Make of engine: _____ Horsepower (total): _____ Year engine built: _____ Year boat built: _____	Length _____ Width beam _____ *Depth _____ *(Inner transom to keel)

Vessel #2

Operator		Owner	
Full Name:		Full Name:	
Street/Box #:		Street/Box #:	
City/State/Zip:		City/State/Zip:	

Age of Operator:	Operator's Experience		Rented Boat	No. of People on board:	Formal Instructions in Boating Safety
	This type of boat ❏ Under 20 hrs. ❏ 20 to 100 hrs. ❏ 100 to 500 hrs. ❏ Over 500 hrs.	**Other type of boat** ❏ Under 20 hrs. ❏ 20 to 100 hrs. ❏ 100 to 500 hrs. ❏ Over 500 hrs.	❏ Yes ❏ No		❏ USCC Auxiliary ❏ State ❏ US Power Squadron ❏ None ❏ American Red Cross ❏ Other (indicate):

Boat Registration #	Boat Name	Boat Make	Boat Model	Hull Identification #

Type of Boat	Hull Material	Engine	Boat Data	
❏ Open Motorboat ❏ Cabin Motorboat ❏ Auxiliary Sail ❏ Sail (only) ❏ Rowboat ❏ Other (specify	❏ Wood ❏ Aluminum ❏ Steel ❏ Fiberglass (plastic) ❏ Other (specify):	❏ Outboard ❏ Inboard Gasoline ❏ Inboard Diesel ❏ Inboard Outdrive ❏ Other (specify):	No. of Engines: _____ Make of engine: _____ Horsepower (total): _____ Year engine built: _____ Year boat built: _____	Length _____ Width beam _____ *Depth _____ *(Inner transom to keel)

Fatalities/Injuries - Complete **ALL** Blocks
(If the information needed in a block doesn't apply to your situation write "NA")

	Deceased #1	**Date of Birth: (MM/DD/YYYY)**	**Was victim**	**Death was caused by:**
Full Name:			❏ Swimmer	❏ Drowning
Street/Box #:			❏ Non-Swimmer	❏ Disappearance
City/State/Zip:				❏ Other (specify):

	Deceased #2	**Date of Birth: (MM/DD/YYYY)**	**Was victim**	**Death was caused by:**
Full Name:			❏ Swimmer	❏ Drowning
Street/Box #:			❏ Non-Swimmer	❏ Disappearance
City/State/Zip:				❏ Other (specify):

	Injured #1	**Date of Birth: (MM/DD/YYYY)**	**Nature of Injury**	**Incapacitated Over 24 Hrs.?**
Full Name:				❏ Yes
Street/Box #:				❏ No
City/State/Zip:				

	Injured #2	**Date of Birth: (MM/DD/YYYY)**	**Nature of Injury**	**Incapacitated Over 24 Hrs.?**
Full Name:				❏ Yes
Street/Box #:				❏ No
City/State/Zip:				

Witness #1		**Witness #2**	
Full Name:		**Full Name:**	
Street/Box #:		**Street/Box #:**	
City/State/Zip:		**City/State/Zip:**	
Telephone #:		**Telephone #:**	

Weather		**Water Conditions**	**Temperatures (Estimate °F)**	**Wind**	**Visibility**	**Weather Encountered**
❏ Clear	❏ Rain	❏ Calm	Air ___	❏ None	❏ Good	❏ Was as forecast
❏ Cloudy	❏ Snow	❏ Choppy	Water ___	❏ Light (0-6 mph)	❏ Fair	❏ Not as forecast
❏ Fog	❏ Hazy	❏ Rough		❏ Moderate (7-14 mph)	❏ Poor	❏ No forecast obtained
		❏ Very rough		❏ Strong (15-25 mph)		
		❏ Strong Current		❏ Storm (over 25 mph)		

Operation at Time		**Type of Accident**		**Cause of Accident ~ (in your opinion)**	
❏ Cruising	❏ At anchor	❏ Grounding	❏ Collision w/fixed object	❏ Inattention	❏ Sail blew
❏ Approaching dock	❏ Tied to dock	❏ Capsizing	❏ Collision w/floating object	❏ Inexperience	❏ Weather conditions
❏ Water skiing	❏ Fueling	❏ Flooding	❏ Fall overboard	❏ Equip/Machine malfunction	❏ Driving while intoxicated
❏ Racing	❏ Fishing	❏ Sinking	❏ Fall in boat	❏ Fault of hull	❏ Excessive speed
❏ Towing	❏ Hunting	❏ Fire/Explosion (fuel)	❏ Burns	❏ Boat overload/ Load shift	❏ Hazardous waters
❏ Being towed	❏ Skin diving/ Swimming	❏ Fire/Explosion (other)	❏ Hit by boat or propeller	❏ Fault of other operator	❏ Other (specify):
❏ Drifting	❏ Other (specify):	❏ Collision w/vessel	❏ Other (specify):	❏ Unmarked obstacle	

Personal Flotation Devices		**Fire Extinguishers**	
Was the boat adequately equipped with **CG APPROVED** life saving devices? ❏ Yes ❏ No	Was the boat adequately equipped with **NON-APPROVED** life saving devices? ❏ Yes ❏ No	Were they used? ❏ Yes ❏ No ❏ Not applicable	
Were they accessible? ❏ Yes ❏ No	Were they accessible? ❏ Yes ❏ No	If yes, list type(s) and number used:	
Were they used? ❏ Yes ❏ No	Were they used? ❏ Yes ❏ No		

Estimated Property Damage and Description of Damage

		Description:
This boat:	$ _____	
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:		**Telephone #:**
Street/Box #:		
City/State/Zip:		
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 <u>and</u> This Report ❑ Could Not Be Determined