

STATE OF VERMONT – BOATING INCIDENT AND CASUALTY REPORT

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 Crash	Time	Name of Body of Water	Location (Precise)
State	Nearest City or Town		County

Temperature	Weather	Water Conditions	Visibility	Weather Encountered
Air: <input type="text"/> F	<input type="checkbox"/> Clear <input type="checkbox"/> Hazy <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow	<input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Rough <input type="checkbox"/> Very Rough <input type="checkbox"/> Strong Current	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> Was as Forecasted <input type="checkbox"/> Not as Forecasted <input type="checkbox"/> Forecast Not Obtained
Water: <input type="text"/> F				

VESSEL #1			
OPERATOR		OWNER	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
DOB:	Phone:	DOB:	Phone:

<u>Operator's Experience</u>		Rented Boat	# Persons on Board or Towed on Skis	Formal Instruction in Boating Safety
This type of boat	Other type of boat			
<input type="checkbox"/> Under 20 hrs <input type="checkbox"/> 20 to 100 hrs <input type="checkbox"/> 100 to 500 hrs <input type="checkbox"/> Over 500 hrs	<input type="checkbox"/> Under 20 hrs <input type="checkbox"/> 20 to 100 hrs <input type="checkbox"/> 100 to 500 hrs <input type="checkbox"/> Over 500 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> US Power Squadron <input type="checkbox"/> None <input type="checkbox"/> American Red Cross Other (Indicate) _____

Boat Registration #	Boat Name	Boat Make	Boat Model	Hull Identification #	
Type of Boat	Hull Material	Engine	Propulsion	Fuel	Boat Data
<input type="checkbox"/> Airboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Paddlecraft <input type="checkbox"/> Houseboat <input type="checkbox"/> PWC <input type="checkbox"/> Pontoon <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail only <input type="checkbox"/> Other	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Rubber/Vinyl/ Canvas <input type="checkbox"/> Other	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Stern Drive <input type="checkbox"/> Other	<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other	<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Other	Year _____ Horsepower _____ Length _____ Beam Width _____ Depth _____ (Transom to Keel)

<u>Vessel equipped with:</u>	<u>PFD's Available:</u>	<u>PFD's Used:</u>	<u>Fire Extinguishers Used:</u>
<input type="checkbox"/> USCG Approved Devices <input type="checkbox"/> Non-USCG Approved Devices <input type="checkbox"/> No Personal Flotation Devices	<input type="checkbox"/> USCG Approved <input type="checkbox"/> Non-USCG Approved <input type="checkbox"/> None	<input type="checkbox"/> USCG Approved <input type="checkbox"/> Non-USCG Approved <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; width: fit-content;">Type and # Used</div>

Type of Operation	Type of Incident
<input type="checkbox"/> Cruising <input type="checkbox"/> Drifting <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Other _____	<input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other _____

VESSEL #2

OPERATOR		OWNER	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
DOB:	Phone:	DOB:	Phone:

Operator's Experience		Rented Boat	# Persons on Board or Towed on Skis	Formal Instruction in Boating Safety		
This type of boat	Other type of boat			USCG Auxiliary	State	
<input type="checkbox"/> Under 20 hrs	<input type="checkbox"/> Under 20 hrs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> US Power Squadron	<input type="checkbox"/> None	
<input type="checkbox"/> 20 to 100 hrs	<input type="checkbox"/> 20 to 100 hrs			<input type="checkbox"/> American Red Cross	Other (Indicate) _____	
<input type="checkbox"/> 100 to 500 hrs	<input type="checkbox"/> 100 to 500 hrs					
<input type="checkbox"/> Over 500 hrs	<input type="checkbox"/> Over 500 hrs					

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

Type of Boat	Hull Material	Engine	Propulsion	Fuel	Boat Data
<input type="checkbox"/> Airboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Inflatable <input type="checkbox"/> Paddlecraft <input type="checkbox"/> Houseboat <input type="checkbox"/> PWC <input type="checkbox"/> Pontoon <input type="checkbox"/> Rowboat <input type="checkbox"/> Sail only <input type="checkbox"/> Other	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Rubber/Vinyl/ Canvas <input type="checkbox"/> Other	<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Stern Drive <input type="checkbox"/> Other	<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other	<input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Other	Year _____ Horsepower _____ Length _____ Beam Width _____ Depth _____ (Transom to Keel)

Vessel equipped with:	PFD's Available:	PFD's Used:	Fire Extinguishers Used:
<input type="checkbox"/> USCG Approved Devices <input type="checkbox"/> Non-USCG Approved Devices <input type="checkbox"/> No Personal Flotation Devices	<input type="checkbox"/> USCG Approved <input type="checkbox"/> Non-USCG Approved <input type="checkbox"/> None	<input type="checkbox"/> USCG Approved <input type="checkbox"/> Non-USCG Approved <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No Type and # Used _____

Type of Operation	Type of Incident
<input type="checkbox"/> Cruising <input type="checkbox"/> Drifting <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Other _____	<input type="checkbox"/> Capsizing <input type="checkbox"/> Sinking <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Other _____

Injuries/Fatalities – Complete ALL Fields
(If information does not apply, indicate by writing N/A)

Person #1 - Vessel # _____

Full Name:		Nature and extent of injuries:	Cause of Death:
Street/Box #:			<input type="checkbox"/> Drowning
City/State/Zip:		Incapacitated over 24 hours? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Disappearance
Date of Birth:	Phone:	Fatality? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Other (Specify)

Person #1 - Vessel # _____

Full Name:		Nature and extent of injuries:	Cause of Death:
Street/Box #:			<input type="checkbox"/> Drowning
City/State/Zip:		Incapacitated over 24 hours? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Disappearance
Date of Birth:	Phone:	Fatality? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Other (Specify)

Witness #1		Witness #2	
Full Name:		Full Name:	
Date of Birth:		Date of Birth:	
Street/Box #:		Street/Box #:	
City/State/Zip:		City/State/Zip:	
Telephone #:		Telephone #:	

Property Damage:			
Vessel #1:	\$	Description:	
Vessel #2:	\$	Description:	
Other Property:	\$	Description:	
Other Property Damage:			
Full Name:		Telephone:	Date of Birth:
Street/Box #:		City/State/Zip:	

Description of Incident:
Describe the incident: (Detail the cause of the incident/casualty, including whether or not alcohol or drugs, or both, and the description of each equipment failure that was a cause of or contributed to causing the incident/casualty.)
<div style="border: 1px solid black; padding: 5px;"> <p><u>Equipment Failure:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Auxiliary Equipment <input type="checkbox"/> Communication Equipment <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Sail Dismasting <input type="checkbox"/> Seat Broke Loose <input type="checkbox"/> Sound Producing Equipment <input type="checkbox"/> Visual Distress Signal <input type="checkbox"/> Onboard Navigation Aid <input type="checkbox"/> Electrical System <input type="checkbox"/> Engine <input type="checkbox"/> Fuel System <input type="checkbox"/> Shift Failure <input type="checkbox"/> Steering System <input type="checkbox"/> Throttle System <input type="checkbox"/> Ventilation System <input type="checkbox"/> Radio <input type="checkbox"/> Onboard Lights </div>

Investigator's opinion on primary, secondary, and tertiary contributing factors:
<input type="checkbox"/> Navigation Rules Violation <input type="checkbox"/> Equipment/Machine Malfunction <input type="checkbox"/> Sail Blew <input type="checkbox"/> Unknown <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Congested Waters <input type="checkbox"/> Boat Overload/Load Shift <input type="checkbox"/> Driving While Intoxicated <input type="checkbox"/> Language Barrier <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Inexperience <input type="checkbox"/> Unmarked Obstacle <input type="checkbox"/> Inattention <input type="checkbox"/> Excessive Speed <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Misuse or Failure to Wear PFD <input type="checkbox"/> Poor Maintenance <input type="checkbox"/> Other _____

Person Completing Report:			
Print Name:		Telephone #:	
Street/Box #:		City/State/Zip:	
Signature:		Date Submitted:	

Involvement:	<input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Investigator <input type="checkbox"/> Other _____
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