



# Motorboat Crash Report

DEPARTMENT OF MOTOR VEHICLES  
Agency of Transportation

120 State Street  
Montpelier, Vermont 05603-0001  
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[dmv.vermont.gov](http://dmv.vermont.gov)

23 V.S.A. §3313(a) The operator of a vessel involved in a collision, crash, 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, crash, 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, crash, 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, crash, or other casualty.

<b>Date of Crash</b>	<b>Time</b>	<b>Name of Body of Water</b>	<b>Location (Give precise location)</b>
<b>State</b>	<b>Nearest City or Town</b>		<b>County</b>

<b>Vessel #1</b>		<b>Operator</b>		<b>Owner</b>	
<b>Full Name:</b>				<b>Full Name:</b>	
<b>Street/Box #:</b>				<b>Street/Box #:</b>	
<b>City/State/Zip:</b>				<b>City/State/Zip:</b>	
<b>Operator's Experience</b>		<b>Rented?</b>	<b># of People on board:</b>	<b>Formal Instructions in Boating Safety</b>	
<b>This type of boat</b>	<b>Other type of boat</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (indicate): <input type="checkbox"/> State	<input type="checkbox"/> US Power Squadron <input type="checkbox"/> USCC Auxiliary <input type="checkbox"/> Other (indicate):
<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.	Operator Age			
<b>Boat Registration #</b>	<b>Boat Name</b>	<b>Boat Make</b>	<b>Boat Model</b>	<b>Hull Identification #</b>	
<b>Type of Boat</b>		<b>Hull Material</b>		<b>Engine</b>	<b>Boat Data</b>
<input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Inflatable	<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> PWC <input type="checkbox"/> Rowboat <input type="checkbox"/> Other:	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gasoline <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard Outdrive <input type="checkbox"/> Other (specify):	No. of Engines: Make of engine: Horsepower: Year engine built:	Year boat built: Length: Width beam:

<b>Vessel #2</b>		<b>Operator</b>		<b>Owner</b>	
<b>Full Name:</b>				<b>Full Name:</b>	
<b>Street/Box #:</b>				<b>Street/Box #:</b>	
<b>City/State/Zip:</b>				<b>City/State/Zip:</b>	
<b>Operator's Experience</b>		<b>Rented?</b>	<b># of People on board:</b>	<b>Formal Instructions in Boating Safety</b>	
<b>This type of boat</b>	<b>Other type of boat</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (indicate): <input type="checkbox"/> State	<input type="checkbox"/> US Power Squadron <input type="checkbox"/> USCC Auxiliary <input type="checkbox"/> Other (indicate):
<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.	Operator Age			
<b>Boat Registration #</b>	<b>Boat Name</b>	<b>Boat Make</b>	<b>Boat Model</b>	<b>Hull Identification #</b>	
<b>Type of Boat</b>		<b>Hull Material</b>		<b>Engine</b>	<b>Boat Data</b>
<input type="checkbox"/> Air Boat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Inflatable	<input type="checkbox"/> Open Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> PWC <input type="checkbox"/> Rowboat <input type="checkbox"/> Other:	<input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other:	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gasoline <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard Outdrive <input type="checkbox"/> Other (specify):	No. of Engines: Make of engine: Horsepower: Year engine built:	Year boat built: Length: Width beam:

Fatalities/Injuries - Complete <u>ALL</u> Blocks					
(If the information needed in a block doesn't apply to your situation write "NA")					
	<b>Deceased #1</b>	<b>Date of Birth:</b> (MM/DD/YYYY)	<b>Was victim</b>	<b>Death was caused by:</b>	
<b>Full Name:</b>			<input type="checkbox"/> Swimmer	<input type="checkbox"/> Drowning	
<b>Street/Box #:</b>			<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> Disappearance	
<b>City/State/Zip:</b>				<input type="checkbox"/> Other (specify):	
	<b>Deceased #2</b>	<b>Date of Birth:</b> (MM/DD/YYYY)	<b>Was victim</b>	<b>Death was caused by:</b>	
<b>Full Name:</b>			<input type="checkbox"/> Swimmer	<input type="checkbox"/> Drowning	
<b>Street/Box #:</b>			<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> Disappearance	
<b>City/State/Zip:</b>				<input type="checkbox"/> Other (specify):	
	<b>Injured #1</b>	<b>Date of Birth:</b> (MM/DD/YYYY)	<b>Nature of Injury</b>	<b>Incapacitated Over 24 Hrs.?</b>	
<b>Full Name:</b>				<input type="checkbox"/> Yes	
<b>Street/Box #:</b>				<input type="checkbox"/> No	
<b>City/State/Zip:</b>					
	<b>Injured #2</b>	<b>Date of Birth:</b> (MM/DD/YYYY)	<b>Nature of Injury</b>	<b>Incapacitated Over 24 Hrs.?</b>	
<b>Full Name:</b>				<input type="checkbox"/> Yes	
<b>Street/Box #:</b>				<input type="checkbox"/> No	
<b>City/State/Zip:</b>					
<b>Witness #1</b>		<b>Witness #2</b>			
<b>Full Name:</b>		<b>Full Name:</b>			
<b>Street/Box #:</b>		<b>Street/Box #:</b>			
<b>City/State/Zip:</b>		<b>City/State/Zip:</b>			
<b>Telephone #:</b>		<b>Telephone #:</b>			
<b>Weather</b>	<b>Water Conditions</b>	<b>Temperatures (Estimate °F)</b>	<b>Wind</b>	<b>Visibility</b>	<b>Weather Encountered</b>
<input type="checkbox"/> Clear <input type="checkbox"/> Rain	<input type="checkbox"/> Calm	Air _____	<input type="checkbox"/> None	<input type="checkbox"/> Good	<input type="checkbox"/> Was as forecast
<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow	<input type="checkbox"/> Choppy	Water _____	<input type="checkbox"/> Light (0-6 mph)	<input type="checkbox"/> Fair	<input type="checkbox"/> Not as forecast
<input type="checkbox"/> Fog <input type="checkbox"/> Hazy	<input type="checkbox"/> Rough		<input type="checkbox"/> Moderate (7-14 mph)	<input type="checkbox"/> Poor	<input type="checkbox"/> No forecast obtained
	<input type="checkbox"/> Very rough		<input type="checkbox"/> Strong (15-25 mph)		
	<input type="checkbox"/> Strong Current		<input type="checkbox"/> Storm (over 25 mph)		
<b>Operation at Time</b>		<b>Type of Crash</b>		<b>Cause of Crash ~ (in your opinion)</b>	
<input type="checkbox"/> Cruising	<input type="checkbox"/> At anchor	<input type="checkbox"/> Grounding	<input type="checkbox"/> Collision w/fixed object	<input type="checkbox"/> Inattention	<input type="checkbox"/> Sail blew
<input type="checkbox"/> Approaching dock	<input type="checkbox"/> Tied to dock	<input type="checkbox"/> Capsizing	<input type="checkbox"/> Collision w/floating object	<input type="checkbox"/> Inexperience	<input type="checkbox"/> Weather conditions
<input type="checkbox"/> Water skiing	<input type="checkbox"/> Fueling	<input type="checkbox"/> Flooding	<input type="checkbox"/> Fall overboard	<input type="checkbox"/> Equip/Machine malfunction	<input type="checkbox"/> Driving while intoxicated
<input type="checkbox"/> Racing	<input type="checkbox"/> Fishing	<input type="checkbox"/> Sinking	<input type="checkbox"/> Fall in boat	<input type="checkbox"/> Fault of hull	<input type="checkbox"/> Excessive speed
<input type="checkbox"/> Towing	<input type="checkbox"/> Hunting	<input type="checkbox"/> Fire/Explosion (fuel)	<input type="checkbox"/> Burns	<input type="checkbox"/> Boat overload/ Load shift	<input type="checkbox"/> Hazardous waters
<input type="checkbox"/> Being towed	<input type="checkbox"/> Skin diving/ Swimming	<input type="checkbox"/> Fire/Explosion (other)	<input type="checkbox"/> Hit by boat or propeller	<input type="checkbox"/> Fault of other operator	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Drifting	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Collision w/vessel	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Unmarked obstacle	
<b>Personal Flotation Devices</b>			<b>Fire Extinguishers</b>		
Was the boat adequately equipped with <b>CG APPROVED</b> life saving devices?		Was the boat adequately equipped with <b>NON-APPROVED</b> life saving devices?		Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Not applicable	
Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list type(s) and number used:	
Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were they used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Estimated Property Damage and Description of Damage					
<b>This boat:</b>	\$ _____	<b>Description:</b>			
<b>Other boat:</b>	\$ _____				
<b>Other property:</b>	\$ _____				

Name and Address of Owner of Other Property			
Full Name:			
Street/Box #:			
City/State/Zip:		Telephone #:	

Description of Crash
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):	<input type="checkbox"/> Operator	<input type="checkbox"/> Owner	<input type="checkbox"/> Investigator <input type="checkbox"/> Other:

DEPARTMENT USE ONLY ~ DO NOT WRITE IN THIS AREA	
Name of Review Officer:	Date Received:
Primary Cause of Crash:	
Secondary Cause of Crash:	
Cause Based On: (check one)	<input type="checkbox"/> This Report <input type="checkbox"/> Investigation <input type="checkbox"/> Investigation <u>and</u> This Report <input type="checkbox"/> Could Not Be Determined