

Boating Accident Report

The operator of each vessel involved is required to file a report in writing whenever a boating accident results in loss of life, loss of consciousness, medical treatment or disability in excess of 24 hours or property damages in excess of \$100. Reports in death or injury cases must be submitted within 48 hours; reports in other cases are required within 5 days. All reports shall be submitted to the Mississippi Dept of Marine Resources, 1141 Bayview Biloxi Ms 39530. Any person violating these requirements is liable to a civil penalty under State Law of not more than \$100 per violation.

COMPLETE ALL BLOCKS (indicate those not applicable by "N/A")

Name and Address of operator	DOB/Age	Operator Experience	
		This 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	Other Boat Operating Exp. <input type="checkbox"/> under 20 hrs <input type="checkbox"/> 20 to 100 hrs. <input type="checkbox"/> 100 hrs to 500 <input type="checkbox"/> over 500 hrs.
Name and Address of Owner	Rented Boat <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Persons on board	Formal Instruction in boating Safety <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> US Power Squadron <input type="checkbox"/> American Red Cross <input type="checkbox"/> State <input type="checkbox"/> Other (indicate)

Vessel No. 1

Boat Number	Boat Name	Boat Make	Boat Model	HIN
Type of Boat <input type="checkbox"/> Open Motor boat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Sail (only) <input type="checkbox"/> Aux Sail <input type="checkbox"/> Other (specify)	Hull Material <input type="checkbox"/> wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass (plastic) <input type="checkbox"/> Other (specify)	Engine <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard Gas <input type="checkbox"/> Inboard Diesel <input type="checkbox"/> Inboard Outboard <input type="checkbox"/> Other (specify)	Boat Data Propulsion No. Of Engines _____ Engine Make _____ Horsepower: _____ Year Built _____	Boat Data Construction Length of Boat _____ Width of Beam _____ Depth of Transom _____ Year Built _____

Accident Data

Date of Accident	Time	Name of Body of Water	Location (give precisely)
State: MS	Nearest City:	County:	
Weather <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	Water Conditions <input type="checkbox"/> Calm <input type="checkbox"/> Choppy <input type="checkbox"/> Rough <input type="checkbox"/> Strong Current	TEMP Air _____ Water _____	Winds <input type="checkbox"/> None <input type="checkbox"/> Light 0-5 <input type="checkbox"/> Moderate 7-14 <input type="checkbox"/> Strong 15-25 <input type="checkbox"/> Storms over 25 Visibility <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Weather Encountered <input type="checkbox"/> As Forecast <input type="checkbox"/> Not as forecast <input type="checkbox"/> No forecast Obtained

Operation at time of Accident <input type="checkbox"/> Cruising <input type="checkbox"/> Approaching dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Being Towed <input type="checkbox"/> Drifting <input type="checkbox"/> At Anchor <input type="checkbox"/> Tied to Dock <input type="checkbox"/> Fueling <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Diving / SCUBA <input type="checkbox"/> Other (specify)	Type of Accident <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion Fuel <input type="checkbox"/> Fire or Explosion No Fuel <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision w/Fixed or floating Object <input type="checkbox"/> Burns <input type="checkbox"/> Fall Overboard <input type="checkbox"/> Fall in Boat <input type="checkbox"/> Hit by Prop <input type="checkbox"/> Other (specify)	Cause of Accident <input type="checkbox"/> Alcohol Use <input type="checkbox"/> Drug Use <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Fault of Other Person <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Other (Specify)
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Was vessel equipped with CG Approved Life Saving devices <input type="checkbox"/> Yes <input type="checkbox"/> No Were they Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No Were They Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Was vessel carrying Non Approved Life Saving Devices <input type="checkbox"/> Yes <input type="checkbox"/> No Were they Accessible <input type="checkbox"/> Yes <input type="checkbox"/> No Were They Used <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Fire Extinguishers Used - If yes Type and Number <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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Proper Damage Estimate This Boat _____ 0.00 Other Boat _____ 0.00 Other Property _____ 0.00	Describe Damage Name and Address of Owner (Damaged Property)
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Complete all Blocks

Deceased

Name	Address	DOB	Was Victim <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	Death Caused By <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other
Name	Address	DOB	Was Victim <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	Death Caused By <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other
Name	Address	DOB	Was Victim <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	Death Caused By <input type="checkbox"/> Drowning <input type="checkbox"/> Disappearance <input type="checkbox"/> Other

Injured

Name	Address	DOB	Nature of Injury	Incapacitated over 24 hrs <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name	Address	DOB	Nature of Injury	Incapacitated over 24 hrs <input type="checkbox"/> Yes <input type="checkbox"/> NO
Name	Address	DOB	Nature of Injury	Incapacitated over 24 hrs <input type="checkbox"/> Yes <input type="checkbox"/> NO

Accident Description

Narrative:	Citations Issued: <input type="checkbox"/> Yes <input type="checkbox"/> NO
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Vessel NO. 2

Name of Operator	Address	Boat Number: _____
Phone NO.		Boat Name: _____
Name Of Owner:	Address	

Witness

Name	Address	Phone NO.
Name	Address	Phone NO.
Name	Address	Phone NO.

Person Completing Report

Signature _____	Date Received: _____	Caused Based On: <input type="checkbox"/> This Report <input type="checkbox"/> Investigation <input type="checkbox"/> Investigation and Report <input type="checkbox"/> Could not be determined
Primary Cause of Accident _____		
Secondary Cause of Accident _____		
Reviewed By: _____		