



# New Mexico Boating Accident Report

Agency Case Number

- Type:  Recreational  Injured > First Aid \_\_\_\_\_  
 Fatality  Alcohol involved  
 Disappearance \_\_\_\_\_  None  
 > \$2000 damage

Estimate of total damages \$ \_\_\_\_\_

Total Vessels Involved \_\_\_\_\_ Total Injured \_\_\_\_\_ Total Fatalities \_\_\_\_\_

## General and Geographic Information

Date of Accident		Time of Accident		Date/Time Officer Arrived(mil)		No. of Vessels Involved	
Nearest City or Town			Name of Body of Water			County State	
Location on the Water				Nearest River Mile/Buoy or Point Marker			
Latitude: Deg		Min		Sec		Longitude Deg	
<b>Accident Site</b>		<b>Restricted Area</b>		<b>Temperature Est</b>		<b>Strong Current</b>	
<input type="checkbox"/> Lake/Reservoir <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Marina/Harbor <input type="checkbox"/> Below Dam <input type="checkbox"/> Boat Ramp <input type="checkbox"/> Agency Lake <input type="checkbox"/> None		<input type="checkbox"/> No Wake <input type="checkbox"/> Swimming Area <input type="checkbox"/> Special Event (Permitted) <input type="checkbox"/> Other <input type="checkbox"/> Boats "Keep Out" <input type="checkbox"/> None		Water _____ deg. F. Air _____ deg. F. <b>Strong Current</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hazardous Waters? (e.g. rapid tidal flow, currents)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Congested Waters?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> River Current <input type="checkbox"/> Dam Generated <input type="checkbox"/> None	
<b>Weather</b>		<b>Light</b>		<b>Visibility</b>		<b>Wind</b>	
<input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy <input type="checkbox"/> Foggy <input type="checkbox"/> Snow <input type="checkbox"/> Thunder storm <input type="checkbox"/> Other(describe)		<input type="checkbox"/> Fair <input type="checkbox"/> Dawn <input type="checkbox"/> Good <input type="checkbox"/> Day <input type="checkbox"/> Poor <input type="checkbox"/> Dusk <input type="checkbox"/> None <input type="checkbox"/> Night <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) <input type="checkbox"/> None		<b>Water Conditions</b> <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (6" to 2') <input type="checkbox"/> Rough (2' to 6') <input type="checkbox"/> Very Rough (larger than 6') <input type="checkbox"/> Strong / Swift Current <input type="checkbox"/> White Water (River) <input type="checkbox"/> None	

## Accident Events and Contributing Factors

### Accident Type

(You may enter a primary, secondary and tertiary accident type for each vessel by placing a 1, 2, or 3 in the appropriate area.)

<u>V1 V2 V3</u>	<u>V1 V2 V3</u>	<u>V1 V2 V3</u>	<u>V1 V2 V3</u>
___ ___ ___ Capsizing	___ ___ ___ Fire/Explosion (non-fuel)	___ ___ ___ Skier mishap/fall	___ ___ ___ Carbon Monoxide Poisoning
___ ___ ___ Collision with fixed object	___ ___ ___ Flooding (swamping)	___ ___ ___ Starting engine	___ ___ ___ Electrocutation
___ ___ ___ Collision with floating object or person	___ ___ ___ Grounding	___ ___ ___ Struck by boat (person)	___ ___ ___ Fall on a Vessel
___ ___ ___ Collision with vessel	___ ___ ___ Sinking	___ ___ ___ Struck by Propeller or Propulsion unit	___ ___ ___ Person Ejected from a Vessel
___ ___ ___ Fall in boat	___ ___ ___ Skier hit object	___ ___ ___ Struck under-water object	___ ___ ___ Person leaves a Vessel
___ ___ ___ Falls overboard	___ ___ ___ Collision w/recreational boat	___ ___ ___ Vessel wake damage	___ ___ ___ Other
___ ___ ___ Fall on PWC	___ ___ ___ Collision w/commercial boat (e.g. tug, barge)		___ ___ ___ Unknown
___ ___ ___ Fire/Explosion (fuel)			___ ___ ___ Sudden Medical Condition

### Contributing Factors (In the Investigator's opinion, what were the Primary, Secondary and Tertiary Contributing Factors.)

<u>V1 V2 V3 Vessel/Injured</u>	<u>V1 V2 V3 Vessel/Injured</u>	<u>V1 V2 V3 Vessel/Injured</u>	<u>V1 V2 V3 Vessel/Injured</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Alcohol use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ignition of fuel vapor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Standing/sitting on gun-whale, bow or transom	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting in Gear
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Careless/Reckless	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper anchoring	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sharp turn	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to Yield
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excessive Speed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Improper loading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Passenger or Skier behavior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Off Throttle Steering Loss
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dam or lock	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of proper lights	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Navigation Rules Violation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Navigation Aid Missing
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drug use	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Machinery failure(below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Restricted Vision	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of / Improper Ski Observer
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Equipment failure(below)</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No proper look-out		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Navigation Aid Not Performing Properly
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Congested Waters	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operator inattention		

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Failure to vent  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operator inexperience | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vision obstructed         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other            |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hazardous waters | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overloading           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Off throttle steering-jet | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown          |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hull failure     |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weather                   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Language Barrier |
|   |  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wake                      |   |

**Machinery Failure Explains Contributing Factor**  
(Enter every system that failed for each vessel.)

- |  |  |
|--|--|
| <u>V1 V2 V3 Vessel</u>   | <u>V1 V2 V3 Vessel</u>   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shift failure         |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical system | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering system       |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine failure    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Throttle failure      |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel system       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventilation system    |
|  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting eng. in gear |

**Equipment Failure:** (Indicate the equipment that failed.)

- |   |   |
|---|---|
| <u>V1 V2 V3 Vessel</u>  | <u>V1 V2 V3 Vessel</u>  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown                                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vidual distress signals    |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Auxiliary equipment                        | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical System Failure  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Communications                             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine Failure             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire extinguisher                          | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel System Failure        |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PFDs                                       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shift Failure              |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail de-masting                            | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering System Failure    |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seat broke loose                           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Throttle Failure           |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sound producing equipment                  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ventilation system Failure |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> On-board Navigation Aids (e.g. GPS, Loran) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radio                      |
|   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Onboard Lights             |

**Vessel and Operational Information**

<b>Type of Boat</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Airboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Canoe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kayak <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Houseboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open Motorboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Personal watercraft	<u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mini Jet Boat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rowboat (Jon) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail (Aux. power) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail (only) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	<b># of Engines</b> Vessel A _____ Vessel B _____ Vessel C _____ <b>Total H. P.</b> Vessel A _____ Vessel B _____ Vessel C _____	<b>Propulsion</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Thrust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manual <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Propeller <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sail <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water Jet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	<b>Safety Equipment</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Req. PFDs on board <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PFDs accessible <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire ext. on board <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire ext. used <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nav. lights operational <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nav. lights turned on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current Safety Exam <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Throw-able Device on-board
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<b>Hull Material</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aluminum <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fiberglass <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plastic (Royalex, Polyethylene) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rubber/Vinyl/Canvas	<u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rigid hull infl. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kevlar <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	<b>Fuel</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diesel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electric <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gasoline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	<b>Engine</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Airboat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inboard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Outboard <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> I/O <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	<b>Vessel was-</b> <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rented <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Borrowed (not in household) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None
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<b>Operation at Time of Accident</b> *(Enter up to 3 for each vessel) <u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing Direction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tied to Dock/Moored <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> At Anchor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Being Towed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Towing a Boat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Changing Speed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cruising	<u>V1 V2 V3 Vessel</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Docking/Undocking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drifting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Launching/Loading <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rowing/Paddling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sailing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	<b>Activity at Time of Accident</b> *(Enter up to 3 for each vessel) <u>V1 V2 V3 Vessel/Injured</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Commercial purpose <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fishing (recreational) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fueling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hunting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Making repairs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Racing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tubing	<u>V1 V2 V3 Vessel/Injured</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Scuba diving/Swimming/Snorkeling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skiing (surfing, tubing etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starting engine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Whitewater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tournament (fishing) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Relaxing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other
		<b>ACTIVITIES WERE (select one):</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Recreational <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Commercial <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Government <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Reportable <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> None	

### Vessel 1

Reg. or Doc. # *	State *	HIN No *	Engine Serial Number(s)*	Documented Name*		
Doc #	Engine Make					
Depth Transom to Keel *	Length *	Vessel Width at Widest Point *		Make *	Model *	Year *
ft inches	ft inches	ft inches	ft inches			
No. of POB	No. Injured	No. Fatalities	No. of Skiers Towed	<input type="checkbox"/> Hit and Run		
Est. damage this boat \$ *	Describe Vessel Damaged *					
Estimated Speed: <input type="checkbox"/> Not Moving <input type="checkbox"/> Under 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> 41-60 mph <input type="checkbox"/> 61-80 mph <input type="checkbox"/> Over 80 mph <input type="checkbox"/> None						
Federal Definition of Vessel: <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> None						

### USCG STANDARD ELEMENTS

Was Vessel A Total Loss * <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Deceased * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Vessel Safety Check (VSC) Number *
Operator Report Status *		
Boating Citations Issued * <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Operator	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> None

### USCG STANDARD ELEMENTS -- SAFETY MEASURES

Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):

<input type="checkbox"/> U.S. Coast Guard Auxillary: VSC Decal? * <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Federal Agency (Name).
<input type="checkbox"/> U.S. Power Squadrons: VSC Decal? * <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State Agency (Name).
# of Other Boats Involved.	<input type="checkbox"/> Other Agency (Name).

# of Life Jackets on Board.                      # of Fire Extinguishers on Board.                      Type of Fire Extinguisher (e.g., ABC):

# of Fire Extinguishers Used.                      Amount of Fire Extinguisher Used:

### Damage To Your Other Property (Not Boat)

Approximate Value of Damage to Your Other Property \$

Briefly summarize any damage to your other property (not boat):

### ACCIDENT DESCRIPTORS \*

<input type="checkbox"/> Boat Found Capsized	<input type="checkbox"/> Collision with Commercial Vessel	<input type="checkbox"/> Victim Entangled in Lines
<input type="checkbox"/> Boat Found Upright Drifting	<input type="checkbox"/> Parasailing Accident	<input type="checkbox"/> Victim is Struck by Boom
<input type="checkbox"/> Boat Struck by Lightning	<input type="checkbox"/> Runaway Boat	<input type="checkbox"/> Carbon Monoxide <span style="float: right;"><input type="checkbox"/> None *</span>

### Operator Information

Driver's Lic #	ST	Exp. date	Ht.	Wt.	Eye	Restr. Y / N	Age
Last Name		First		M.I.	DOB (mm/dd/yyyy)		
Street			City		State	Zip	
Home Ph.				Operator Lived at Vessel Owner's Residence. * <input type="checkbox"/> Yes <input type="checkbox"/> No			

Operator Experience	Operator Education	BUI Info BAC	Status of Op.	Other Operator Info
<input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours <input type="checkbox"/> None	<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPSquad <input type="checkbox"/> State <input type="checkbox"/> Internet Course <input type="checkbox"/> Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (info) <input type="checkbox"/> Unknown	<input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs <input type="checkbox"/> None	<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> PFD used <input type="checkbox"/> Person can swim <input type="checkbox"/> Person was ejected <input type="checkbox"/> Lanyard used

No. of Other Boating Citations			<b>On Board, Prior To Accident, Was Operator Wearing:</b> A Life Jacket? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>On Board, Prior To Accident, Was Operator Using:</b> Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs ? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Weather Reports Consulted Prior To Accident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Owner/Passenger Information</b>	First Listed is Also Owner <input type="checkbox"/>
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Psg. #	D O B	M/F	Ejected?	PFD	Swim
1 Last Str.1	First Str.2	City	MI ST	Phone ZIP	
2 Last Str.1	First Str.2	City	MI ST	Phone ZIP	
3 Last Str.1	First Str.2	City	MI ST	Phone ZIP	
4 Last Str.1	First Str.2	City	MI ST	Phone ZIP	

Vessel 2									
Reg. or Doc. # *	State *	HIN No *	Engine Serial Number(s)*			Documented Name)*			
Doc #	Engine Make								
Depth Transom to Keel *		Length *		Vessel Width at Widest Point *		Make *	Model *	Year *	
ft inches		ft inches		ft inches					
No. of POB		No. Injured	No. Fatalities	No. of Skiers Towed		<input type="checkbox"/> Hit and Run			
Est. damage this boat \$ *		Describe Vessel Damaged *							
<b>Estimated Speed:</b> <input type="checkbox"/> Not Moving <input type="checkbox"/> Under 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> 41-60 mph <input type="checkbox"/> 61-80 mph <input type="checkbox"/> Over 80 mph <input type="checkbox"/> None									
<b>Federal Definition of Vessel:</b> <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> None									

USCG STANDARD ELEMENTS				
Was Vessel A Total Loss * <input type="checkbox"/> Yes <input type="checkbox"/> No				
Operator Deceased * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
Vessel Safety Check (VSC) Number *				
<b>Operator Report Status *</b>				
Boating Citations Issued * <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> No Operator <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> None		

USCG STANDARD ELEMENTS -- SAFETY MEASURES		
Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):		
<input type="checkbox"/> U.S. Coast Guard Auxillary: VSC Decal? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Federal Agency (Name).
<input type="checkbox"/> U.S Power Squadrons: VSC Decal? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> State Agency (Name).
# of Other Boats Involved.		<input type="checkbox"/> Other Agency (Name).
# of Life Jackets on Board.	# of Fire Extinguishers on Board.	Type of Fire Extinguisher (e.g., ABC):
	# of Fire Extinguishers Used.	Amount of Fire Extinguisher Used:

<b>Damage To Your Other Property (Not Boat)</b>
Approximate Value of Damage to Your Other Property \$
Briefly summarize any damage to your other property (not boat):

<b>ACCIDENT DESCRIPTORS *</b>
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<input type="checkbox"/> Boat Found Capsized	<input type="checkbox"/> Collision with Commercial Vessel	<input type="checkbox"/> Victim Entangled in Lines
<input type="checkbox"/> Boat Found Upright Drifting	<input type="checkbox"/> Parasailing Accident	<input type="checkbox"/> Victim is Struck by Boom
<input type="checkbox"/> Boat Struck by Lightning	<input type="checkbox"/> Runaway Boat	<input type="checkbox"/> Carbon Monoxide <span style="float:right;"><input type="checkbox"/> None *</span>

**Operator Information**

Driver's Lic #	ST	Exp. date	Ht.	Wt.	Eye	Restr. Y / N	Age
Last Name		First		M.I.	DOB (mm/dd/yyyy)		
Street			City		State	Zip	
Home Ph.				Operator Lived at Vessel Owner's Residence. * <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Operator Experience</b>	<b>Operator Education</b>	<b>BUI Info</b>	<b>Status of Op.</b>	<b>Other Operator Info</b>
<input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours <input type="checkbox"/> None	<input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPSquad <input type="checkbox"/> State <input type="checkbox"/> Internet Course <input type="checkbox"/> Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (info) <input type="checkbox"/> Unknown	<input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs <input type="checkbox"/> None	<input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> PFD used <input type="checkbox"/> Person can swim <input type="checkbox"/> Person was ejected <input type="checkbox"/> Lanyard used  <b>On Board, Prior To Accident, Was Operator Wearing:</b> A Life Jacket? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>On Board, Prior To Accident, Was Operator Using:</b> Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Weather Reports Consulted Prior To Accident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Other Boating Citations				

**Owner/Passenger Information** First Listed is Also Owner

Psg. #	DOB	M/F	Ejected?	PFD	Swim
1 Last					
Str.1					
2 Last					
Str.1					
3 Last					
Str.1					
4 Last					
Str.1					

**Vessel 3**

<b>Reg. or Doc. # *</b>	<b>State *</b>	<b>HIN No *</b>	<b>Engine Serial Numbers(s)*</b>	<b>Documented Name)*</b>
<b>Doc #</b>	<b>Engine Make</b>			
<b>Depth Transom to Keel *</b>	<b>Length *</b>	<b>Vessel Width at Widest Point *</b>	<b>Make *</b>	<b>Model *</b>
ft inches	ft inches	ft inches		<b>Year *</b>
<b>No. of POB</b>	<b>No. Injured</b>	<b>No. Fatalities</b>	<b>No. of Skiers Towed</b>	<input type="checkbox"/> <b>Hit and Run</b>
<b>Est. damage this boat \$</b>	<b>Describe Vessel Damaged *</b>			
<b>Estimated Speed:</b> <input type="checkbox"/> Not Moving <input type="checkbox"/> Under 10 mph <input type="checkbox"/> 10-20 mph <input type="checkbox"/> 21-40 mph <input type="checkbox"/> 41-60 mph <input type="checkbox"/> 61-80 mph <input type="checkbox"/> Over 80 mph <input type="checkbox"/> None				
<b>Federal Definition of Vessel:</b> <input type="checkbox"/> Recreational <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> None				

**USCG STANDARD ELEMENTS**

<b>Was Vessel A Total Loss *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Operator Deceased *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Vessel Safety Check (VSC) Number *</b>
<b>Operator Report Status *</b>		
<b>Boating Citations Issued *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No Operator	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> None

**USCG STANDARD ELEMENTS -- SAFETY MEASURES**

**Organizations that have conducted a vessel safety check (VSC) on board your boat within the past year (including carriage of safety equipment, e.g., lifejackets, anchor and line, fire extinguishers):**

- U.S. Coast Guard Auxillary: VSC Decal? \*       Yes    No       Federal Agency (Name).  
 U.S Power Squadrons: VSC Decal? \*       Yes    No       State Agency (Name).  
 # of Other Boats Involved.       Other Agency (Name).

# of Life Jackets on Board.      # of Fire Extinguishers on Board.      Type of Fire Extinguisher (e.g., ABC):  
 # of Fire Extinguishers Used.      Amount of Fire Extinguisher Used:

**Damage To Your Other Property (Not Boat)**

**Approximate Value of Damage to Your Other Property \$**

**Briefly summarize any damage to your other property (not boat):**

**ACCIDENT DESCRIPTORS \***

- Boat Found Capsized       Collision with Commercial Vessel       Victim Entangled in Lines  
 Boat Found Upright Drifting       Parasailing Accident       Victim is Struck by Boom  
 Boat Struck by Lightning       Runaway Boat       Carbon Monoxide       None \*

**Operator Information**

Driver's Lic #	ST	Exp. date	Ht.	Wt.	Eye	Restr. Y / N	Age
Last Name		First		M.I.	DOB (mm/dd/yyyy)		
Street			City		State	Zip	

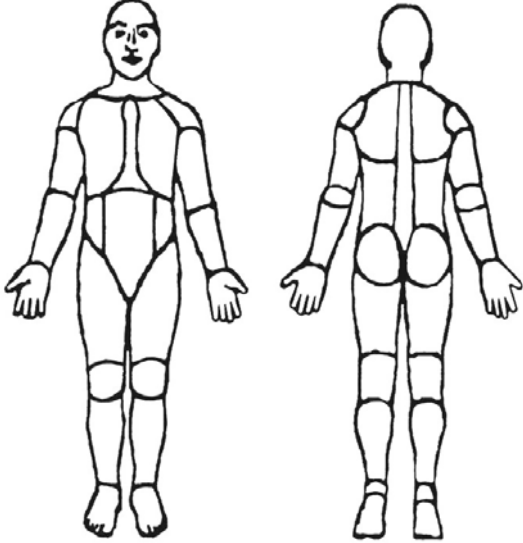
Home Ph. \_\_\_\_\_ Operator Lived at Vessel Owner's Residence. \*  Yes  No

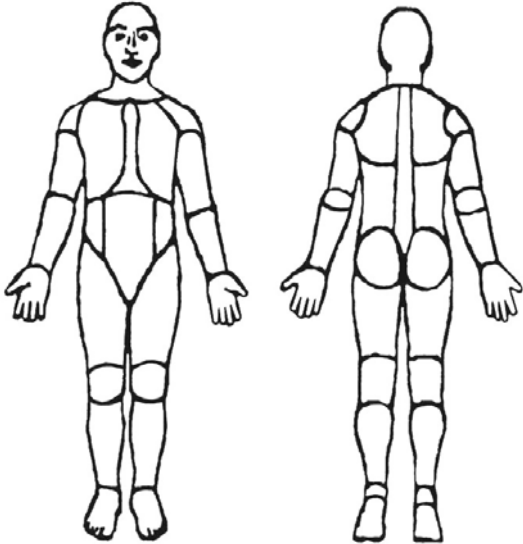
<p><b>Operator Experience</b></p> <input type="checkbox"/> Under 10 hours <input type="checkbox"/> 10-100 hours <input type="checkbox"/> Over 100 hours <input type="checkbox"/> None	<p><b>Operator Education</b></p> <input type="checkbox"/> USCG Aux. <input type="checkbox"/> USPSquad <input type="checkbox"/> State <input type="checkbox"/> Internet Course <input type="checkbox"/> Red Cross <input type="checkbox"/> None <input type="checkbox"/> Other (info) <input type="checkbox"/> Unknown	<p><b>BUI Info</b></p> <p><b>BAC</b></p> <input type="checkbox"/> Refused <input type="checkbox"/> Been drinking <input type="checkbox"/> BUI arrest <input type="checkbox"/> Drugs <input type="checkbox"/> None	<p><b>Status of Op.</b></p> <input type="checkbox"/> Uninjured <input type="checkbox"/> Injured <input type="checkbox"/> Missing <input type="checkbox"/> Fatality	<p><b>Other Operator Info</b></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <input type="checkbox"/> PFD used <input type="checkbox"/> Person can swim <input type="checkbox"/> Person was ejected <input type="checkbox"/> Lanyard used <p><b>On Board, Prior To Accident, Was Operator Wearing:</b></p> <p>A Life Jacket? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>On Board, Prior To Accident, Was Operator Using:</b></p> <p>Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Drugs ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Weather Reports Consulted Prior To Accident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
No. of Other Boating Citations _____				

**Owner/Passenger Information**      First Listed is Also Owner

Psgr. #						DOB	M/F	Ejected?	PFD	Swim
1 Last	Str.1	First	MI	Phone						
		Str.2	City	ST	ZIP					
2 Last	Str.1	First	MI	Phone						
		Str.2	City	ST	ZIP					
3 Last	Str.1	First	MI	Phone						
		Str.2	City	ST	ZIP					
4 Last	Str.1	First	MI	Phone						
		Str.2	City	ST	ZIP					

## Injury Information

<b>Vessel</b> _____		<b>Treatment</b> <input type="checkbox"/> Treated <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment <input type="checkbox"/> None	
<b>Status</b> <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not found)		<b>Hospital Name:</b> _____	
<b>Victim Information</b> <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input type="checkbox"/> Passenger <input type="checkbox"/> Skier <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last Name _____		First _____	M.I. _____
Street _____		City _____	State _____ Zip _____
Home Ph. _____		Work Ph. _____	<b>Location of Injury</b>
<b>Injury Caused by: *</b> <input type="checkbox"/> Struck the (e.g., boat, water) _____ <input type="checkbox"/> Was Struck by a: (e.g., boat, propeller) _____ <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"/> Exposure to elements <input type="checkbox"/> Received an Electric Shock <input type="checkbox"/> Was exposed to carbon monoxide poisoning <input type="checkbox"/> Other _____	<b>Injury Classification</b> <u>Pri. Sec.</u> <input type="checkbox"/> <input type="checkbox"/> Amputation <input type="checkbox"/> <input type="checkbox"/> Back Injury <input type="checkbox"/> <input type="checkbox"/> Broken bones <input type="checkbox"/> <input type="checkbox"/> Burns <input type="checkbox"/> <input type="checkbox"/> Contusions <input type="checkbox"/> <input type="checkbox"/> Dislocations <input type="checkbox"/> <input type="checkbox"/> Head Injury <input type="checkbox"/> <input type="checkbox"/> Hypothermia <input type="checkbox"/> <input type="checkbox"/> Internal Injuries <input type="checkbox"/> <input type="checkbox"/> Laceration <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	<b>PFD</b> <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/> Type V <input type="checkbox"/> Inflatable <input type="checkbox"/> USCG Approved <b>USCG Approval #</b> <hr/> <input type="checkbox"/> PFD Worn <input type="checkbox"/> Buoyant <input type="checkbox"/> Not Worn but used <input type="checkbox"/> Not Worn not used <input type="checkbox"/> PFD Worn as result of accident <input type="checkbox"/> PFD Worn prior to accident	
<b>Victim Activity</b> <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Scuba diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water skiing <input type="checkbox"/> Other <input type="checkbox"/> None		<b>Fatal Synopsis</b> Drug : _____ BAC : _____ <input type="checkbox"/> Apparent	
<b>Victim Physical Condition</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Under influence of alcohol/drugs <input type="checkbox"/> Normal <input type="checkbox"/> Ill <input type="checkbox"/> Handicapped <input type="checkbox"/> Other _____ <input type="checkbox"/> None		<b>Victim Cause of Death and Recovery Info</b> <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Hypothermia <input type="checkbox"/> Alcohol found <input type="checkbox"/> Trauma Location Body _____ Water Depth _____	

<b>Vessel</b> _____		<b>Treatment</b> <input type="checkbox"/> Treated <input type="checkbox"/> Admitted to hospital <input type="checkbox"/> Refused treatment <input type="checkbox"/> None	
<b>Status</b> <input type="checkbox"/> Injured <input type="checkbox"/> Fatality <input type="checkbox"/> Missing (body not found)		<b>Hospital Name:</b> _____	
<b>Victim Information</b> <input type="checkbox"/> Operator <input type="checkbox"/> Swimmer <input type="checkbox"/> On shore/dock <input type="checkbox"/> Passenger <input type="checkbox"/> Skier <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last Name _____		First _____	M.I. _____
Street _____		City _____	State _____ Zip _____
Home Ph. _____		Work Ph. _____	
<b>Injury Caused by: *</b> <input type="checkbox"/> Struck the (e.g., boat, water) _____ <input type="checkbox"/> Was Struck by a: (e.g., boat, propeller) _____ <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"/> Exposure to elements <input type="checkbox"/> Received an Electric Shock <input type="checkbox"/> Was exposed to carbon monoxide poisoning <input type="checkbox"/> Other _____		<b>Injury Classification</b> <u>Pri. Sec.</u> <input type="checkbox"/> <input type="checkbox"/> Amputation <input type="checkbox"/> <input type="checkbox"/> Back Injury <input type="checkbox"/> <input type="checkbox"/> Broken bones <input type="checkbox"/> <input type="checkbox"/> Burns <input type="checkbox"/> <input type="checkbox"/> Contusions <input type="checkbox"/> <input type="checkbox"/> Dislocations <input type="checkbox"/> <input type="checkbox"/> Head Injury <input type="checkbox"/> <input type="checkbox"/> Hypothermia <input type="checkbox"/> <input type="checkbox"/> Internal Injuries <input type="checkbox"/> <input type="checkbox"/> Laceration <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	
<b>Victim Activity</b> <input type="checkbox"/> Fishing <input type="checkbox"/> Hunting <input type="checkbox"/> Scuba diving <input type="checkbox"/> Snorkeling <input type="checkbox"/> Swimming <input type="checkbox"/> Water skiing <input type="checkbox"/> Other <input type="checkbox"/> None		<b>PFD</b> <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Type IV <input type="checkbox"/> Type V <input type="checkbox"/> Inflatable <input type="checkbox"/> USCG Approved USCG Approval # _____ <input type="checkbox"/> PFD Worn <input type="checkbox"/> Buoyant <input type="checkbox"/> Not Worn but used <input type="checkbox"/> Not Worn not used <input type="checkbox"/> PFD Worn as result of accident <input type="checkbox"/> PFD Worn prior to accident	
<b>Location of Injury</b>			
			
<b>Victim Physical Condition</b> <input type="checkbox"/> Unknown <input type="checkbox"/> Under influence of alcohol/drugs <input type="checkbox"/> Normal <input type="checkbox"/> Ill <input type="checkbox"/> Handicapped <input type="checkbox"/> Other _____ <input type="checkbox"/> None		<b>Fatal Synopsis</b> Drug : _____ BAC : _____ <input type="checkbox"/> Apparent	
		<b>Victim Cause of Death and Recovery Info</b> <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> Hypothermia <input type="checkbox"/> Alcohol found <input type="checkbox"/> Trauma Location Body _____ Water Depth _____	





### Non-Vessel Property Damage

Was there damage to property excluding the vessels and their contents?  Yes  No Estimated Amount \$ \_\_\_\_\_

**Describe Property Damage**


**Non Vessel Property Owner Information**

Last Name	First	M.I.	Ph. #
Street	City	State	Zip

### Violations

<b>Vessel Priority</b>	Vessel # _____	Stand On	Vessel # _____	Give Way	<input type="checkbox"/> <b>Hit and Run Vessel #</b> _____
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Vessel #	Violator's Name (Just check box if operator)	Statute or Regulation	Violation	Common Name of the Violation	Status	Citation Case #
	<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

<b>Officer Signature</b>	<b>Supervisor Signature</b>	<b>Investigation Status</b>	
Print Officer Name, Badge #, and Radio #		<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Not Required <input type="checkbox"/> Preliminary <input type="checkbox"/> None	
Last	First	M.I.	
<b>Badge #</b>	<b>Radio #</b>		
Address 1		<b>Causes Based On</b> <input type="checkbox"/> Operator Report <input type="checkbox"/> Investigation <input type="checkbox"/> Operator Report(s) and Investigation <input type="checkbox"/> Reviewer Interpretation <input type="checkbox"/> None <input type="checkbox"/> Other	
Address 2			
City	State	Zip	Ph #
Print Supervisor Name and Radio #			
Last	First	M.I.	<b>Radio #</b>
<b>Investigative Time</b> (Include total hours for reports, search & rescue, and investigation)			
Officer Hours	Supervisor Hours	Investigator Hours	Admin. Hours
Total Hours			<b>Date Investigation Completed)</b>
			<b>Name of Reviewing State Reporting Authority</b>
			<b>Date Reviewed</b>



