

**OPERATOR  
 BOATING INCIDENT REPORT**

Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$200 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

**COMPLETE ALL BLOCKS (indicate those not applicable by "NA")**

NAME AND ADDRESS OF OPERATOR   DL / ID # _____ PHONE # ( ) _____		NAME AND ADDRESS OF OWNER <input type="checkbox"/> same as operator   PHONE # ( ) _____	
OPERATOR AGE AND DATE OF BIRTH _____ yrs. ____/____/____		RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PERSONS ON BOARD _____
OPERATOR'S EXPERIENCE HOURS Under 20    20-100    100-500    Over 500 THIS TYPE OF BOAT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER BOAT OPERATING EXP. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> State <input type="checkbox"/> American Red Cross <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> Other _____ (Specify)	

**VESSEL INFORMATION**

BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Personal Water Craft <input type="checkbox"/> Airboat <input type="checkbox"/> Other	CONSTRUCTION <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/vinyl <input type="checkbox"/> Other (Specify) _____ Length _____ft _____in Width _____in Depth _____in	TYPE OF ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet-drive <input type="checkbox"/> Air thrust <input type="checkbox"/> Other (Specify) _____ TYPE OF FUEL <input type="checkbox"/> Gasoline <input type="checkbox"/> Other <input type="checkbox"/> Diesel	ENGINE INFORMATION No. of engines _____ ENGINE 1 Mfg. _____ Horsepower _____ Serial No. _____ ENGINE 2 Mfg. _____ Horsepower _____ Serial No. _____	HAS BOAT HAD A SAFETY EXAMINATION? <input type="checkbox"/> Yes <input type="checkbox"/> No  For Current Year? <input type="checkbox"/> Yes <input type="checkbox"/> No  Which Kind? <input type="checkbox"/> USPS / USCG Auxiliary Inspection <input type="checkbox"/> State/local Examination <input type="checkbox"/> Other _____

**INCIDENT DATA**

DATE OF ACCIDENT	TIME    am <input type="checkbox"/> pm <input type="checkbox"/>	NAME OF BODY OF WATER	LOCATION Lat: _____ Long: _____		
STATE <b>Louisiana</b>	NEAREST CITY OR TOWN		PARISH		
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy <input type="checkbox"/> Fog <input type="checkbox"/> Snow	WATER CONDITIONS <input type="checkbox"/> Calm (waves less than 6") <input type="checkbox"/> Choppy (waves 6" to 2') <input type="checkbox"/> Rough (waves 2' to 6') <input type="checkbox"/> Very Rough (greater than 6') <input type="checkbox"/> Strong Current	TEMPERATURE (Estimate) Air _____ °F Water _____ °F Depth _____	WIND <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)	VISIBILITY <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	WEATHER ENCOUNTERED <input type="checkbox"/> Was as forecast <input type="checkbox"/> Not as forecasted <input type="checkbox"/> No forecast obtained

OPERATION AT TIME OF INCIDENT (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Racing <input type="checkbox"/> Towing <input type="checkbox"/> Other _____	TYPE OF INCIDENT VESSEL (check all applicable) <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Collision with Vessel <input type="checkbox"/> Collision with Fixed Object <input type="checkbox"/> Collision with Floating Object <input type="checkbox"/> Other _____	PERSONAL (check all applicable) <input type="checkbox"/> Falls overboard <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Hit By Boat or Propeller <input type="checkbox"/> Burns <input type="checkbox"/> Other _____	WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Excessive Speed <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Overloading <input type="checkbox"/> Improper Loading <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Alcohol use <input type="checkbox"/> Drug use	<input type="checkbox"/> Fault of Hull <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Other _____
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**PERSONAL FLOTATION DEVICES (PFD'S)**

WAS THE BOAT ADEQUATELY EQUIPPED WITH COAST GUARD APPROVED FLOTATION DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they worn? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type and How Many? <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 (#) _____
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WAS THE VESSEL CARRYING NON-APPROVED LIFESAVING 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 If yes, indicate kind _____ _____
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**IGNITION AND THROTTLE**

Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off Kill switch used <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Throttle position <input type="checkbox"/> Forward <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse
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**FIRE EXTINGUISHERS**

WERE THEY USED? (If yes, list Type(s) and number used.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Types: _____ _____ _____
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**INSURANCE / PROPERTY DAMAGE**

IS VESSEL INSURED?  
 Yes  No Insurance Agency \_\_\_\_\_ Policy Number \_\_\_\_\_

ESTIMATED AMOUNT OF DAMAGE  This Boat \$ _____ Other Property \$ _____	DESCRIPTION OF DAMAGE TO THIS VESSEL
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DESCRIPTION OF OTHER PROPERTY DAMAGED	NAME/ADDRESS OF OWNER   PHONE # (    )
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**PASSENGERS**

NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					
NAME	ADDRESS	DATE OF BIRTH	<input type="checkbox"/> NO INJURY <input type="checkbox"/> INJURED <input type="checkbox"/> DECEASED SWIMMER <input type="checkbox"/> Y <input type="checkbox"/> N	MEDICAL TREATMENT ADMINISTERED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.					

**OTHER VESSEL (if more than 2 vessels, attach additional sheets)**

Name of Operator	Address	Boat Number
Telephone Number (    )		Boat Name
Name of Owner	Address	

**OTHER WITNESSES**

Name	Address	Telephone Number (    )
Name	Address	Telephone Number (    )
Name	Address	Telephone Number (    )

**PERSON COMPLETING REPORT**

SIGNATURE	ADDRESS	Telephone Number (    )
QUALIFICATION (Check One) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Other _____		Date Completed

# OPERATOR BOATING INCIDENT REPORT

BOAT REGISTRATION NO. \_\_\_\_\_

PAGE \_\_\_\_ of \_\_\_\_

## DIAGRAM OF INCIDENT



Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT

SIGNATURE

DATE COMPLETED

COMMENTS:

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