

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES
 LAW ENFORCEMENT DIVISION
 P.O. BOX 98000
 BATON ROUGE, LA 70898-9000



VESSEL REGISTRATION # _____

Rev. 10/19

OPERATOR BOATING INCIDENT REPORT

PAGE 1 of _____

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 \$500 or complete loss of the vessel. Reports 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 <input type="checkbox"/> Juvenile		NAME AND ADDRESS OF OWNER <input type="checkbox"/> Same as operator	
LAST :	STREET 1 :	LAST :	STREET 1 :
FIRST :	STREET 2 :	FIRST :	STREET 2 :
MI :	CITY :	MI :	CITY :
PHONE NO : ()	STATE/ZIP :	PHONE NO : ()	STATE/ZIP :
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		FORMAL INSTRUCTION IN BOATING SAFETY	
HOURS Under 20 20-100 100-500 Over 500 None THIS TYPE OF BOAT <input type="checkbox"/> <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"/> <input type="checkbox"/>		<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:	
BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL
TYPE OF BOAT		HULL MATERIAL	ENGINE
<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"/> Personal Watercraft <input type="checkbox"/> Airboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Pontoon Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Other (Describe):		<input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber / Vinyl <input type="checkbox"/> Plastic <input type="checkbox"/> Other:	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Sterndrive <input type="checkbox"/> Air Thrust <input type="checkbox"/> Jet-drive <input type="checkbox"/> Pod drive <input type="checkbox"/> No engine <input type="checkbox"/> Other:
PADDLE CRAFT: <input type="checkbox"/> Canoe <input type="checkbox"/> Kayak <input type="checkbox"/> Standup Paddleboard		TYPE OF FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other:	PROPULSION No. of engines _____ ENGINE 1 Mfg. _____ Horsepower _____ Serial No. _____ ENGINE 2 Mfg. _____ Horsepower _____ Serial No. _____
CONSTRUCTION		STEERING	
Year Built _____ Length ft Width ft Depth ft		<input type="checkbox"/> Remote <input type="checkbox"/> Hand Tiller <input type="checkbox"/> OTHER:	
HAS BOAT HAD A SAFETY EXAMINATION?		MFR. HULL IDENTIFICATION NO.	
<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 INCIDENT	DAY OF WEEK	TIME OF INCIDENT	NAME OF BODY OF WATER	LOCATION (give precisely) Lat: Long:
STATE LOUISIANA	NEAREST CITY OR TOWN	PARISH	PARISH CODE	
WEATHER (check all applicable) <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 (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 Air _____ deg F Water _____ deg F DEPTH _____ ft	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 TIME OF DAY <input type="checkbox"/> Day <input type="checkbox"/> Night
PERSONAL FLOTATION DEVICES (PFD'S)		IGNITION AND THROTTLE	FIRE EXTINGUISHERS	
Was the boat adequately equipped with USCG APPROVED personal flotation devices? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Were they serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type and How Many? Were PFDs properly: <input type="checkbox"/> Type I (#) _____ Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type II (#) _____ Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type III (#) _____ Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Type IV (#) _____		Was the 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 If yes, indicate kind:	Ignition key position <input type="checkbox"/> On <input type="checkbox"/> Off Engine equipped with Kill Switch? <input type="checkbox"/> Yes <input type="checkbox"/> No Kill switch used? <input type="checkbox"/> Yes <input type="checkbox"/> No Throttle position <input type="checkbox"/> Forward <input type="checkbox"/> Neutral <input type="checkbox"/> Reverse <input type="checkbox"/> Unknown	
		WERE THEY USED? (If yes, list Type(s)) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Types:		

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INCIDENT DATA CONTINUED

<p>OPERATION AT TIME OF INCIDENT (Check all applicable)</p> <p><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: _____</p> <p><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"/> Skin Diving/ Swimming <input type="checkbox"/> Being Towed</p>	<p>TYPE OF INCIDENT (Number by order of occurrence)</p> <p>____ Grounding ____ Capsizing ____ Flooding ____ Sinking ____ Fire or Explosion (fuel) ____ Fire or Explosion (other than fuel) ____ Skier Mishap ____ Struck submerged object</p> <p>____ Collision with Vessel ____ Collision with Fixed Object ____ Collision with Floating Object ____ Falls overboard ____ Falls in Boat ____ Hit By Boat or Propeller ____ Other: _____ ____ Unknown</p>	<p>WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance; primary-1, secondary-2, tertiary-3)</p> <p>____ Weather ____ Excessive Speed ____ No Proper Lookout ____ Restricted Vision ____ Overloading ____ Improper Loading ____ Hazardous Waters ____ Alcohol use ____ Sharp Turn ____ Rules of the Road Specify #(s) _____ ____ Improper Anchoring ____ Force of Wake/Wave ____ Starting in Gear ____ Ignition Spilled Fuel/Vapor ____ Missing/Inadequate ATONS ____ Unknown</p> <p>____ Drug use ____ Fault of Hull ____ Fault of Machinery ____ Fault of Equipment ____ Operator Inexperience ____ Operator Inattention ____ Passenger/Skier Behavior ____ Congested Waters ____ Dam/Lock ____ Standing/Sitting on Gunwales, bows, & transom ____ Failure to Vent ____ Off Throttle Steering Loss ____ Careless/Reckless Operation ____ Improper/No Running Lights ____ Other: _____</p>
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INSURANCE / PROPERTY DAMAGE

<p>IS VESSEL INSURED? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Agency _____ Policy Number _____</p>	
<p>ESTIMATED AMOUNT OF DAMAGE This Boat \$ _____ Other Property \$ _____</p>	<p>DESCRIPTION OF DAMAGE TO THIS VESSEL</p>
<p>DESCRIPTION OF OTHER PROPERTY DAMAGED</p>	<p>NAME/ADDRESS (OWNER OF OTHER PROPERTY DAMAGE)</p> <p>PHONE # ()</p>

PASSENGERS

NAME	ADDRESS	<input type="checkbox"/> JUVENILE 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	<input type="checkbox"/> JUVENILE 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	<input type="checkbox"/> JUVENILE 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	<input type="checkbox"/> JUVENILE 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	<input type="checkbox"/> JUVENILE 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.					

VESSEL REGISTRATION # _____

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OTHER VESSEL

Name of Operator <input type="checkbox"/> Juvenile	Address	Boat Number
Telephone Number ()		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name <input type="checkbox"/> JUVENILE	Address	Telephone Number ()
Name <input type="checkbox"/> JUVENILE	Address	Telephone Number ()
Name <input type="checkbox"/> JUVENILE	Address	Telephone Number ()
Name <input type="checkbox"/> JUVENILE	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

ATTACH ADDITIONAL IF NECESSARY

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VESSEL REGISTRATION # _____

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DIAGRAM OF INCIDENT



Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT

SIGNATURE

DATE COMPLETED

COMMENTS:

