

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



**VESSEL REGISTRATION #** \_\_\_\_\_

Rev. 09/10

## OPERATOR BOATING INCIDENT REPORT

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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				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							
THIS TYPE OF BOAT		HOURS		<input type="checkbox"/> None		<input type="checkbox"/> USCG Auxiliary					
OTHER BOAT OPERATING EXP		Under 20   20-100   100-500   Over 500   None		<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	MFR. HULL IDENTIFICATION NO.							
TYPE OF BOAT		HULL MATERIAL		ENGINE		PROPULSION		CONSTRUCTION		STEERING	
<input type="checkbox"/> Open Motorboat		<input type="checkbox"/> Wood		<input type="checkbox"/> Outboard		No. of engines _____		Length    ft    Width    ft		<input type="checkbox"/> Remote <input type="checkbox"/> Other	
<input type="checkbox"/> Cabin Motorboat		<input type="checkbox"/> Aluminum		<input type="checkbox"/> Inboard		ENGINE 1		Year Built    Depth    ft		<input type="checkbox"/> Hand tiller	
<input type="checkbox"/> Auxiliary Sail		<input type="checkbox"/> Steel		<input type="checkbox"/> Inboard-outdrive		Mfg. _____		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			
<input type="checkbox"/> Sail (only)		<input type="checkbox"/> Fiberglass		<input type="checkbox"/> Jet-drive		Horsepower _____					
<input type="checkbox"/> Rowboat		<input type="checkbox"/> Rubber / Vinyl		<input type="checkbox"/> Air thrust		Serial No. _____					
<input type="checkbox"/> Canoe		<input type="checkbox"/> Other		<input type="checkbox"/> Other		ENGINE 2					
<input type="checkbox"/> Personal Water Craft				TYPE OF FUEL		Mfg. _____					
<input type="checkbox"/> Airboat				<input type="checkbox"/> Gasoline <input type="checkbox"/> Other		Horsepower _____					
<input type="checkbox"/> Houseboat				<input type="checkbox"/> Diesel		Serial No. _____					
<input type="checkbox"/> Pontoon Boat											
<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 <b>LOUISIANA</b>			NEAREST CITY OR TOWN				PARISH			PARISH CODE				
WEATHER (check all applicable)			WATER CONDITIONS			TEMPERATURE			WIND			VISIBILITY		TIME OF DAY
<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy			<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			Air ____ deg F Water ____ deg F  DEPTH ____ ft			<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"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<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 floatation 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? <input type="checkbox"/> Type I (#) _____ <input type="checkbox"/> Type II (#) _____ <input type="checkbox"/> Type III (#) _____ <input type="checkbox"/> Type IV (#) _____ Were PFDs properly: Used? <input type="checkbox"/> Yes <input type="checkbox"/> No Adjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No Sized? <input type="checkbox"/> Yes <input type="checkbox"/> No						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) and number used.) <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>TYPE OF INCIDENT (Number by order of occurrence)</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><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 (other than fuel) <input type="checkbox"/> Skier Mishap <input type="checkbox"/> Struck submerged object</p>	<p>WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance; primary-1, secondary-2, tertiary-3)</p> <p><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"/> Sharp Turn <input type="checkbox"/> Rules of the Road Specify #(s) _____ <input type="checkbox"/> Improper Anchoring <input type="checkbox"/> Force of Wake/Wave <input type="checkbox"/> Starting in Gear <input type="checkbox"/> Ignition Spilled Fuel/Vapor <input type="checkbox"/> Missing/Inadequate ATONS <input type="checkbox"/> Unknown</p>	<p>WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT? (Number by order of importance; primary-1, secondary-2, tertiary-3)</p> <p><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"/> Passenger/Skier Behavior <input type="checkbox"/> Congested Waters <input type="checkbox"/> Dam/Lock <input type="checkbox"/> Standing/Sitting on Gunwales, bows, &amp; transom <input type="checkbox"/> Failure to Vent <input type="checkbox"/> Off Throttle Steering Loss <input type="checkbox"/> Careless/Reckless Operation <input type="checkbox"/> Improper/No Running Lights <input type="checkbox"/> 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 OF OWNER</p>	
<p>PHONE # ( ) _____</p>	

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?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> 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?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> 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?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> 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?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> 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?	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
TELEPHONE NO.				<input type="checkbox"/> YES <input type="checkbox"/> NO	

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**OTHER VESSEL**

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

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE-----

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### DIAGRAM OF INCIDENT



Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT

SIGNATURE

DATE COMPLETED

COMMENTS:

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<b>DETAILED DESCRIPTION OF INCIDENT</b>
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A large rectangular area containing 25 horizontal lines for writing the detailed description of the incident.

NAME OF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED
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