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**
- Juvenile
- NAME AND ADDRESS OF OWNER: Same as operator

**OPERATOR AGE AND DATE OF BIRTH**
- yrs. / /

**OPERATOR’S EXPERIENCE**
- Under 20
- 20-100
- 100-500
- Over 500
- None

**FORMAL INSTRUCTION IN BOATING SAFETY**
- None
- USCG Auxiliary
- State
- American Red Cross
- U.S. Power Squadrons
- Other:

**BOAT REGIST. NO.**

**BOAT NAME**

**MANUFACTURER**

**BOAT MODEL**

**MFR. HULL IDENTIFICATION NO.**

**TYPE OF BOAT**
- Open Motorboat
- Cabin Motorboat
- Auxiliary Sail
- Sail (only)
- Rowboat
- Personal Watercraft
- Airboat
- Houseboat
- Pontoon Boat
- Inflatable Boat
- Other (Describe):

**HULL MATERIAL**
- Wood
- Aluminum
- Steel
- Fiberglass
- Rubber / Vinyl
- Plastic
- Other:

**ENGINE**
- Outboard
- Inboard
- Sterndrive
- Air Thrust
- Jet-drive
- Pod drive
- No engine
- Other:

**TYPE OF FUEL**
- Gas
- Diesel
- Electric
- Other:

**CONSTRUCTION**
- Year Built
- Length ft
- Width ft
- Depth ft

**STEERING**
- Remote
- Hand Tiller
- OTHER:

**HAS BOAT HAD A SAFETY EXAMINATION?**
- Yes
- No
- For Current Year?
- Yes
- No
- Which Kind?
- USPS / USCG Auxiliary Inspection
- State/local Examination
- Other:

**DATE OF INCIDENT**

**DAY OF WEEK**

**TIME OF INCIDENT**

**NAME OF BODY OF WATER**

**LOCATION (give precisely)**
- Lat:
- Long:

**WEATHER** (check all applicable)
- Clear
- Rain
- Cloudy
- Snow
- Fog
- Hazy

**WATER CONDITIONS**
- Calm (less than 6”)
- Choppy (waves 6” to 2’)
- Rough (waves 2’ to 6’)
- Very Rough (greater than 6’)
- Strong Current

**TEMPERATURE**
- Air _______ deg F
- Water _______ deg F

**DEPTH**
- _______ ft

**PERSONAL FLOTATION DEVICES (PFD’S)**

**IGNITION AND THROTTLE**

**FIRE EXtinguishers**

**WAS THE BOAT ADEQUATELY EQUIPPED WITH USCG APPROVED PERSONAL FLOTATION DEVICES?**
- Yes
- No
- If yes, indicate kind:

**WAS THE VESSEL CARrying NON-APPROVED LIFE SAVING DEVICES?**
- Yes
- No
- If yes, indicate kind:

**WAS THE BOAT OPERATED WITH A KILL SWITCH?**
- Yes
- No
- If yes, indicate kind:

**WAS THE ENGINE Equipped WITH A KILL SWItCH?**
- On
- Off

**THROTTLE position**
- Forward
- Neutral
- Reverse
- Unknown

---CONTINUED---
### INCIDENT DATA CONTINUED

**OPERATION AT TIME OF INCIDENT**
- [ ] Commercial Activity
- [ ] Cruising
- [ ] Maneuvering
- [ ] Approaching Dock
- [ ] Leaving Dock
- [ ] Water Skiing
- [ ] Racing
- [ ] Towing
- [ ] Other: [ ] Being Towed

**TYPE OF INCIDENT**
- [ ] Drifting
- [ ] At Anchor
- [ ] Tied to Dock
- [ ] Fueling
- [ ] Fishing
- [ ] Hunting
- [ ] Skin Diving/Swimming

**INCIDENT DATA**
- [ ] Commercial Activity
- [ ] Cruising
- [ ] Maneuvering
- [ ] Approaching Dock
- [ ] Leaving Dock
- [ ] Water Skiing
- [ ] Racing
- [ ] Towing
- [ ] Other:
  - [ ] Struck
  - [ ] Hit by Boat or Propeller

**WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT?**
- [ ] Weather
- [ ] Excessive Speed
- [ ] No Proper Lookout
- [ ] Restricted Vision
- [ ] Overloading
- [ ] Improper Loading
- [ ] Hazardous Waters
- [ ] Alcohol use
- [ ] Sharp Turn
- [ ] Rules of the Road
- [ ] Improper Anchoring
- [ ] Force of Wake/Wave
- [ ] Starting in Gear
- [ ] Ignition Spilled
- [ ] Fuel/Vapor
- [ ] ATONS
- [ ] Unknown
- [ ] Drug use
- [ ] Fault of Hull
- [ ] Fault of Machinery
- [ ] Fault of Equipment
- [ ] Operator Inattention
- [ ] Passenger/Skier Behavior
- [ ] Congested Waters
- [ ] Dam/Lock
- [ ] Standing/Sitting on gunwales, bows, & transom
- [ ] Gunwales, bows, & transom
- [ ] Flowing/No Running
- [ ] Improper/No Running
- [ ] Other:

### INSURANCE / PROPERTY DAMAGE

**IS VESSEL INSURED?**
- [ ] Yes
- [ ] No

**ESTIMATED AMOUNT OF DAMAGE**
- [ ] This Boat $________
- [ ] Other Property $________

**DESCRIPTION OF OTHER PROPERTY DAMAGED**

**NAME/ADDRESS (OWNER OF OTHER PROPERTY DAMAGE)**

**PHONE #**

### PASSENGERS

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<tr>
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<th>Address</th>
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<th>Date of Birth</th>
<th>No Injury</th>
<th>Injured</th>
<th>Deceased</th>
<th>Swimmer</th>
<th>Medical Treatment Administered</th>
<th>PFD Worn?</th>
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---CONTINUED NEXT PAGE---
# OTHER VESSEL

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<th>Name of Owner</th>
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# OTHER WITNESSES

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# PERSON COMPLETING REPORT

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<th>QUALIFICATION (Check One)</th>
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<tr>
<td>Owner</td>
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<td>Other ____________________</td>
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---Continued Next Page---
DIAGRAM OF INCIDENT

Indicate North w/ arrow

NAME OF PERSON COMPLETING REPORT | SIGNATURE | DATE COMPLETED

COMMENTS:

VESSEL REGISTRATION # OPERATOR BOATING INCIDENT REPORT PAGE 5 of ___