

Department of Fish & Wildlife Resources  
Division of Law Enforcement  
#1 Sportsman's Lane  
Frankfort, Kentucky 40601

## KENTUCKY BOATING ACCIDENT REPORT

Name and address of person making report

Name \_\_\_\_\_

Address \_\_\_\_\_

The operator of every vessel is required by Kentucky statutes to file with the Division of Law Enforcement a written report whenever an accident 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 in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 5 days.

MAIL REPORT TO: Department of Fish & Wildlife, Division of Law Enforcement, #1 Sportsman's Ln., Frankfort, KY 40601

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

NAME AND ADDRESS OF OPERATOR	AGE OF OPERATOR DATE OF BIRTH	OPERATOR'S EXPERIENCE This type of boat [ ] Under 20 Hours [ ] 20 to 100 Hours [ ] 100 to 500 Hours [ ] Over 500 Hours
OPERATOR TELEPHONE NUMBER	OWNER TELEPHONE NUMBER	Other Boat Operating Exp. [ ] Under 20 Hours [ ] 20 to 100 Hours [ ] 100 to 500 Hours [ ] Over 500 Hours
NAME AND ADDRESS OF OWNER	RENTED BOAT? [ ] YES [ ] NO	NUMBER OF PERSONS ON BOARD
	FORMAL INSTRUCTION IN BOATING SAFETY? [ ] None [ ] State [ ] U.S. Power Squadrons [ ] USCG Auxiliary [ ] American Red Cross [ ] Other (Specify) _____	

### VESSEL NO. 1 (this vessel)

BOAT REGISTR. NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR. HULL IDENTIFICATION NO.
TYPE OF BOAT [ ] Open Motorboat [ ] Cabin Motorboat [ ] Auxiliary Sail [ ] Sail (only) [ ] Rowboat [ ] Canoe [ ] Other (Specify)	HULL MATERIAL [ ] Wood [ ] Aluminum [ ] Steel [ ] Fiberglass [ ] Rubber/vinyl [ ] Other (Specify)	ENGINE [ ] Outboard [ ] Inboard gasoline [ ] Inboard diesel [ ] Inboard-outdrive [ ] Jet [ ] Other (Specify)	PROPULSION [ ] No. of engines _____ horsepower (total) _____ Type of fuel _____ Has boat had a Safety Examination [ ] YES [ ] NO For current year? [ ] YES [ ] NO YEAR _____ Indicate whether [ ] USCG Auxiliary courtesy Marine Exam. [ ] State/local examination [ ] Other	CONSTRUCTION Length _____ Year built (boat) _____

### ACCIDENT DATA

DATE OF ACCIDENT	TIME am pm	NAME OF BODY OF WATER	LOCATION (Give location precisely) Lat: _____ Long: _____
STATE	NEAREST CITY/TOWN	COUNTY	
WEATHER [ ] Clear [ ] Rain [ ] Cloudy [ ] Snow [ ] Fog [ ] Hazy	WATER CONDITIONS [ ] Calm (waves less than 6") [ ] Choppy (waves 6" to 2') [ ] Rough (waves 2' to 6") [ ] Very Rough (greater than 6") [ ] Strong Current	TEMPERATURE (Estimate) Air _____ °F Water _____ °F	WIND [ ] None [ ] Light (0-6 mph) [ ] Moderate (7-14 mph) [ ] Strong (15-25 mph) [ ] Storm (Over 25 mph)
VISIBILITY Day [ ] Good [ ] Fair [ ] Poor Night [ ] [ ] [ ]			

OPERATION AT THE TIME OF ACCIDENT (Check all applicable) [ ] Commercial Activity [ ] Cruising [ ] Maneuvering [ ] Approaching Dock [ ] Leaving Dock [ ] Water Skiing [ ] Racing [ ] Towing [ ] Other (Specify)	TYPE OF ACCIDENT [ ] Drifting [ ] At Anchor [ ] Tied to Dock [ ] Fishing [ ] Hunting [ ] Skin Diving/ Swimming [ ] Being Towed [ ] Other (Specify)	[ ] Grounding [ ] Capsizing [ ] Flooding [ ] Sinking [ ] Fire or Explosion (Fuel) [ ] Fire or Explosion (Other than Fuel) [ ] Fallen Skier [ ] Collision with Vessel	[ ] Collision with Fixed Object [ ] Collision with Floating Object [ ] Falls Overboard [ ] Falls in Boat [ ] Hit By Boat or Propeller [ ] Other (Specify)	WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) [ ] Weather [ ] Excessive Speed [ ] No Proper Lockout [ ] Restricted Vision [ ] Overloading [ ] Improper Loading [ ] Hazardous Waters [ ] Other (Specify)
[ ] Alcohol use [ ] Drug use [ ] Fault of Hull [ ] Fault of Machinery [ ] Fault of Equipment [ ] Operator Inexperience [ ] Operator Inattention				

### PERSONAL FLOTATION DEVICES (PFD'S)

Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION DEVICES? [ ] Yes [ ] No	Was the vessel carrying NON approved-fotation devices? [ ] Yes [ ] No
Were they accessible? [ ] Yes [ ] No	Were they accessible? [ ] Yes [ ] No
Were they serviceable? [ ] Yes [ ] No	Were they used? [ ] Yes [ ] No
Were they used by survivors? [ ] Yes [ ] No	If yes, indicate kind
What Type? [ ] I [ ] II [ ] III [ ] IV [ ] V (specify) _____	

### PROPERTY DAMAGE

Estimated amount This Boat \$ _____ Other Boat \$ _____	FIRE EXTINGUISHERS Were they used? (If yes, list Type(s) and number used.) [ ] Yes [ ] No [ ] NA Types: _____
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### DESCRIBE PROPERTY DAMAGE

Were PFD's properly Used? [ ] Yes [ ] No	NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY
Adjusted? [ ] Yes [ ] No	
Sized? [ ] Yes [ ] No	

Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form

If more than 3 fatalities and/or injuries, attach additional form(s).

**DECEASED**

NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? <input type="checkbox"/> Swimmer <input type="checkbox"/> Non Swimmer	DEATH CAUSED BY <input type="checkbox"/> Drowning <input type="checkbox"/> Other <input type="checkbox"/> DISAPPEARANCE	WAS PFD WORN? <input type="checkbox"/> Yes <input type="checkbox"/> No What Type?

**INJURED**

NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY	MEDICAL TREATMENT <input type="checkbox"/> Yes <input type="checkbox"/> No

**ACCIDENT DESCRIPTION**

DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.)

**VESSEL NO. 2 (if more than 2 vessels attach additional form(s)).**

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

**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"/> Investigator <input type="checkbox"/> Other		Date Submitted

(do not use)—FOR REPORTING AUTHORITY REVIEW—(use agency date stamp)

Causes based on (check one) <input type="checkbox"/> This report <input type="checkbox"/> Investigation and this report <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined	Name of Reviewing Office	Date Received
Primary Cause of Accident	Secondary Cause of Accident	Reviewed by